



THE INDEPENDENT TAEKWONDO ASSOCIATION

SCHOOL/CLUB CHARTER MEMBERSHIP APPLICATION

NO: _____

Please Print or Type

Name of School / Club: _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____
School Phone: (_____) _____ Website: _____
How many students? _____ How many Black Belts? _____
How long open? _____ How many Branch Schools? _____
Name of Owner / Head Instructor: _____
Home Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Home Phone: (_____) _____ Cell Phone: (_____) _____
Email: _____
Date of Birth: _____ Citizenship: _____
TKD Dan: _____ Other Dan In: _____
Other Memberships / Affiliations: _____

Please accept my application for Charter membership in the ITA. I understand the benefits and privileges of this affiliation and I pledge to comply with all ITA policies and fulfill my obligations as a Charter member.

Applicant Signature

Date