



FOR ADMINISTRATIVE USE	
Date Received _____	Date Processed _____
Certificate Number _____	

# INTERNATIONAL CH'ANG-HON TAEKWON-DO FEDERATION

## Membership Application/Renewal

Master  Mr.  Mrs.  Miss  Ms.

First Name \_\_\_\_\_ Initial or Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City or Town \_\_\_\_\_

Province/State \_\_\_\_\_ Country \_\_\_\_\_ Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_ Nationality \_\_\_\_\_ Date of Birth (day/month/year) \_\_\_\_\_

Number of years in Martial Arts \_\_\_\_\_ Dan Rank \_\_\_\_\_

If you have a web site that you would like linked with us, please list the URL(s). \_\_\_\_\_

In submitting this application to the ICTF, I pledge to observe ICTF rules and regulations which I have read and understood. \_\_\_\_\_

New Membership Fee.....\$250.00 US  International Money Order  Certified Cheque  Credit Card

Membership Renewal Fee..\$150.00 US  International Money Order  Certified Cheque  Credit Card

Please note that there is an annual fee of \$2.00 per student with every new membership or renewal

Number of students \_\_\_\_\_ x \$2.00 = US\$ \_\_\_\_\_

Master Card  Visa  American Express

Account Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Approved by

\_\_\_\_\_  
Date

Please ensure that all items are accurately completed and writing is clearly legible. The ICTF is not responsible for any certificate printing errors when handwritten forms are submitted.

Please e-mail Administrative Services if you require assistance with application forms:

**admin@ictf-admin.com**  
**www.ictf-admin.com or www.ictf.info**