

MEMBERSHIP APPLICATION

U.S. Soo Bahk Do Moo Duk Kwan Federation™

also known as U.S. Tang Soo Do Moo Duk Kwan Federation®

P.O. Box 154, Springfield, NJ 07081 (888) SOO-BAHK (973) 467-5716 fax

Email: Membership@soobahkdo.com www.soobahkdo.com <http://soobahkdo.editme.com>

1) Who is applying for, or renewing membership? (If adding a new member to your household, please identify the other practitioners in your household and mark them as active or not.)

	Date Started Training <i>new mem only</i>	Temp ID Gup ID, Dan ID, NonMem	ACTIVE?	M / F	Your name will appear on your membership card and rank certificates as you list it here.			Birth Date	Personal Member Email:
					First Name	Ini	Last Name		
Member 1									
Member 2									
Member 3									
Member 4									

Non Member Parents	Non Mem Mother	First Name	Ini	Last Name	Birth Date	Email:
	Non Mem Father					

2) Where should we send your membership materials?	Address	City	State	Zip Code	Country

3) How else may we contact you about Federation matters?	Home Phone	Work Phone	Cell Phone	Preferred Primary Email

4) Where do you study the art of Soo Bahk Do™ Moo Duk Kwan™?	Studio ID#	Certified Studio Name	Instructor Dan#	Your Instructor's Name

5) What are your membership payment instructions?	Please check	Headquarters Use Only				
<i>(additional household members may be added for free during an existing household term)</i>	Activate/Renew my 6 month INDIVIDUAL membership	\$ 39				
	Activate/Renew my 12 month INDIVIDUAL membership	\$ 59				
	Activate/Renew our 6 month HOUSEHOLD membership	\$ 77				
	Activate/Renew our 12 month HOUSEHOLD membership	\$ 117				
Expired, Inactive, and Restarted training, multi-year expired and renewals postmarked after expiration date add \$15 per person membership reinstatement fee	\$ 15	Call (888) SOO-BAHK OR Log On Now www.soobahkdo.com				
Please accept my additional donation of \$15 - \$25 - \$35 - \$45 - \$55 - \$ Other (non-tax deductible)	\$ _____					
6) Circle Your Payment Method:	CCard	Cash	Check	Money Order		

Credit Card#: _____	Exp _____	TOTAL:	\$ _____	Signature: _____
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