

APPLICATION FOR INDIVIDUAL MEMBERSHIP

Level 1: Annual Membership ___ \$50 **Level 2:** Life Membership ___ \$300

Personal Donation \$ _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Date of Birth: ____/____/____

Address: _____ City: _____ State: _____

Zip: _____ Home Ph: _____ Work Ph: _____

E-Mail: _____

Website URL: _____

MARTIAL ARTS BACKGROUND

Art/Style: _____ Rank: _____

Name of School: _____

Name of Instructor: _____ Instructor's Rank: _____

Memberships/Affiliations: _____

Child T-Shirt Size: ___ small ___ medium ___ Large

Adult T-Shirt Size: ___ small ___ medium ___ large ___ XL ___ XXL ___ XXL

Please accept my application for membership in the Korea Hapkido Federation HaeMuKwan. I have enclosed my membership dues in the amount of \$ _____

Make Money Order Payable To: **Dr. Richard Hackworth.**

Mail To: **209 Capitol Ct. Ocoee FL 34761 USA**

NOTE: * Information must be typed or printed clearly. READ CAREFULLY: I hereby agree to abide by the Articles and bylaws of the Korea Hapkido Federation HaeMuKwan and the regional and Kwan Associations. I understand that failure to do so may result in an imposed penalty.

Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____ (Under 18 years of age)

Korea Hapkido Federation HaeMuKwan
"The World's Most Scientifically Advanced Self-Defense System."

