

UNITED STATES INTERNATIONAL TAEKWON-DO FEDERATION



NATIONAL HEADQUARTERS
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INDIVIDUAL MEMBERSHIP APPLICATION

*Please review the information for accuracy.
Your name will appear on cards and communications
exactly as it appears on this application.*

Last Name:

First Name:

Street Address:

City:

State:

Zip:

Home Phone:

Other Phone:

Email:

Current Rank:

ITF Black Belt Certificate #:

Name of Instructor:

Rank:

ITF Black Belt Certificate #:

School Name:

Do you practice ITF patterns? Yes No

ANNUAL MEMBERSHIP FEE \$25.00

STUDENTS

*Please make checks payable to
Your Instructor or School*

All applications and payments should be submitted to your Instructor or School.

INSTRUCTORS

Checks should be made payable to: US-ITF
All original applications and payments should be mailed to:
US-ITF
c/o Master Robert N. Wheatley
P.O. Box 33205
Reno, NV 89533