

Fill out this form, print it out and send it in along with your \$24.00 annual fee to become a KATU member.

Name:	M.I.	Last Name:	
Address:			
City:		State:	Zip:
Country:			
Organization:	Rank / ITF Certif	icate #	
Phone(h):		Phone(w):	
E-Mail			
http://			
Do you need a promotional test?	Are you inte	erested in a certificate exc	hange program?
yes no	yes	no	
Are you interested in:			
Certified Instructors Course Certified Referee Course Grand Master Hwang's Sum Taekwon-Do Tournament Gen. Choi's Taekwon-Do Se Grand Master Hwang's Tael Membership	eminar	r year \$24.00	
	School per ye	•	
<b>KATU office use only</b> check or money order #		rec. by	
Shock of money order $\pi_{$		100. by	