



2009 MEMBERSHIP APPLICATION

U.S. Soo Bahk Do Moo Duk Kwan Federation® -- 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	GENDER	Your name will appear on your membership card and rank certificates as you list it here.			Birth Date	Member Personal 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>	SELECT YOUR NEW 1st YEAR MEMBERSHIP			CALL (888) SOO-BAHK OR LOG ON www.soobahkdo.com	Employee:	
	Activate my 1 st Time 6 month INDIVIDUAL membership		\$ 39		Postmarked:	
	Activate my 1 st Time 12 month INDIVIDUAL membership		\$ 59		Received Date:	
	Activate our 1 st Time 6 month HOUSEHOLD membership		\$ 77		Fax#:	
	Activate our 1 st Time 12 month HOUSEHOLD membership		\$ 117		Mem Starts:	
	OR SELECT YOUR RENEWING MEMBERSHIP				Mem Expires:	
	RENEW my 6 month INDIVIDUAL membership		\$ 59		Renew to:	
	RENEW my 12 month INDIVIDUAL membership		\$ 79		Auth#:	
	RENEW our 6 month HOUSEHOLD membership		\$ 97		Auth Date:	
	RENEW our 12 month HOUSEHOLD membership		\$ 137		Note:	
Expired, Inactive, and Restarted training, multi-year expired and renewals postmarked after expiration date add \$15 per person membership reinstatement fee		\$ 15	How did you find out about your studio? (check one) Word-of-mouth? ___ Local Advert? ___ National Advert? ___			
Please accept my additional donation of \$15 - \$25 - \$35 - \$45 - \$55 - \$ Other (non-tax deductible)		\$ _____				
6) Circle Your Payment Method:	Cash	CCard	CCV2:	Check	Money Order	
Credit Card#:	Exp _____		TOTAL:	\$ _____	Signature: _____	

I received a FREE White Belt DVD by registering as a Fed Member within 14 days of joining studio. Signed _____ Date ___/___/___