

World Hwa Rang Do[®] Association

MEMBERSHIP APPLICATION

(WHRDA – Official Use Only)

<input type="checkbox"/> HWA RANG DO	<input type="checkbox"/> TAE SOO DO
School/Branch #: _____ - _____ - _____	Student #: _____ Date Joined: ____/____/____

- Please type or print (to be completed by applicant) -

Name: _____ Spouse: _____

Address: _____ City: _____ State: _____

Country: _____ Zip Code: _____ Sex: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Marital Status: _____

Occupation: _____ Employer: _____

Employer Address: _____

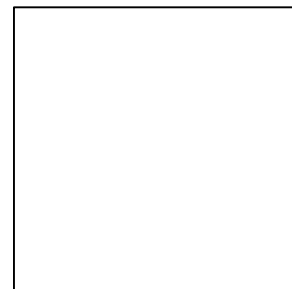
Social Security #: _____ Driver's License #: _____

Parent's Name (if under 18 years old): _____

(WHRDA – Official Use Only)

Rank	Date & Terms	Official Stamp	Rank	Date & Terms	Official Stamp
9 TH KUB WHITE			4 TH KUB BLUE		
8 TH KUB ORANGE			3 RD KUB BROWN		
7 TH KUB YELLOW			2 ND KUB RED		
6 TH KUB GREEN			1 ST KUB ½BLACK		
5 TH KUB PURPLE			1 ST DAN BLACK BELT		

**AFFIX ONE
PHOTO HERE
1 inch-by-1 inch**



RECORD OF MEMBERSHIP – Due Dates & Renewal Dates

From	Until	Date Paid	Official Stamp	From	Until	Date Paid	Official Stamp

As a member of the World Hwa Rang Do[®] Association (WHRDA), I will abide by all rules, regulations, policies, and procedures set forth by the World Hwa Rang Do[®] Association and maintain proper conduct, according to the code of ethics of Hwa Rang Do[®]. I understand that I must be recognized by the WHRDA through the “kub” certification, who will document my rank and status in Hwa Rang Do[®]. Furthermore, all my financial obligations including lesson fees, membership dues, testing fees, and any related dues or fees are paid and will be kept updated. With this application and the enclosed membership fee (\$50.00), please accept me as a member of the World Hwa Rang Do[®] Association.

Signature (applicant)

Parent/Guardian (if under 18 years old)

Agent