



UNITED TANG SOO DO ASSOCIATION

WORLD HEADQUARTERS
155 E MOSHOLU PKWY N #3D
BRONX, NY 10467
201-548-5004



MEMBERSHIP APPLICATION for

Gup Dan

Official Only

Membership No.	_____
Region	_____
Expiration Date	_____
Other	_____

PLEASE PRINT

Name _____ Date of Birth* _____
Last First Initial Mo Day Yr

Address _____
No, Street City
_____ State Zip Country

Tel. No. () _____ Male Female

Education _____ Occupation _____ Position _____

Current Rank: For Gup: No _____ What Gup _____
If Any

For Dan: Dan No _____ What Dan _____

Name of School _____ Rank & Name if Instructor _____

School Address _____

If you are teaching, describe your school and classes _____

Are you interested in obtaining an instructor's license? Yes No

I am applying for membership of the United Tang Soo Do Association, Inc. and shall respect and obey all rules and By-Laws of the Association.

Date _____ Applicant _____

Fee enclosed \$ _____ Guardian _____
If applicant is under 18

School recommendation:

I recommend the above applicant for membership of the United Tang Soo Do Association.

Name of School _____

Chief Instructor _____

Signature

• After filling out the application, retain a duplicate copy in school files. The original and the fee should be sent to:
United Tang Soo Do Association, Inc. 155 E Mosholu Pkwy N #3D, Bronx, NY 10467. Make check or money order payable to United Tang Soo Do Association, LLC.

• If approved, Gup membership will automatically terminate when the applicant achieves Black Belt or stops training for a period of more than one (1) year. Dan membership shall renew annually.