



# 유급자 심사

## APPLICATION FOR GUP PROMOTION

(Please Print)

Date of Test: \_\_\_\_/\_\_\_\_/\_\_\_\_

Federation Membership #: \_\_\_\_\_

Name: \_\_\_\_\_  
Last
First
Initial

Address: \_\_\_\_\_  
No.
Street
City
State
Zip

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo
Day
Year

Present Grade: \_\_\_\_\_ Gup    Date of Entrance: \_\_\_\_/\_\_\_\_/\_\_\_\_    Last Test Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Parent/Guardian's Signature (if under 18 years)

<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">General Knowledge</td><td style="border-bottom: 1px solid black;"><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F</td></tr> <tr><td style="border-bottom: 1px solid black;">Basic Hand Tech</td><td style="border-bottom: 1px solid black;"><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F</td></tr> <tr><td style="border-bottom: 1px solid black;">Basic Foot Tech</td><td style="border-bottom: 1px solid black;"><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F</td></tr> <tr><td style="border-bottom: 1px solid black;">Terminology</td><td style="border-bottom: 1px solid black;"><input type="checkbox"/> A <input type="checkbox"/> B <input 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____/____/____</p>
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