



# PAN-AMERICAN TANG SOO DO FEDERATION MEMBERSHIP APPLICATION

## FOR COLOR BELT

<b>H.O. USE ONLY</b>
Membership No. _____
Region _____
Exp. Date _____
Other _____

### PLEASE PRINT

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle Initial Month Day Year

Address \_\_\_\_\_  
No. Street City

State Zip Country

Tel. No (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_  Male  Female

Education \_\_\_\_\_ Occupation \_\_\_\_\_

### CURRENT RANK

Color Belt \_\_\_\_\_ Gup \_\_\_\_\_

Name of Karate School: Andersen Tang Soo Do Academy

Address of Karate School: 2724 S. 3600 W. West Valley, UT 84119

Send mail to: 4514 S. Greystock Cir. West Valley, UT 84120

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

I am applying for membership in the Pan-Am Tang Soo Do Federation and will respect and obey all rules and By-laws of the Federation.

Date: \_\_\_\_\_ Applicant: \_\_\_\_\_

Fee Enclosed: \_\_\_\_\_ Guardian: \_\_\_\_\_

(if applicant is under age 18)

### SCHOOL RECOMMENDATION

I recommend the above applicant for membership in the Pan-Am Tang Soo Do Federation.

Name of School: Andersen Tang Soo Do Academy

Chief Instructor: \_\_\_\_\_