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## Application for USTW School/Club Membership

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**United States Taekwondo Won, Inc.**

***A Non-Profit Organization Promoting Taekwondo in the United States of America***

3501 MacCoreckle Ave. SE Suite 127, Charleston, WV 25304-1419

Phone: (304) 539-3044

Web: [www.ustw.org](http://www.ustw.org)

Taekwondo School/Club Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

State Association: \_\_\_\_\_ USTW Club No.: \_\_\_\_\_ Previous Membership: \_\_\_\_\_ Year(s)

School/Club E-mail Address: \_\_\_\_\_

School/Club Web Page Address: \_\_\_\_\_

**Membership Fee:**       \$40.00 for one (1) year       \$75.00 for two (2) years

\$ \_\_\_\_\_ Voluntary Tax-Deductible Donation

**Term of Membership:**      Membership runs for 12 months from the date of application.

**Send To:**      Please submit check or money order payable to the  
**United States Taekwondo Won** at the address shown above.

***The above-mentioned School/Club hereby agrees to abide by the Articles of Incorporation, Bylaws, and Rules and Regulations of the United States Taekwondo Won, Inc., as amended, and represents that it meets the requirements for USTW School/Club Membership. The undersigned is an officer of the applicant School/Club and has been duly authorized by it to sign this application on its behalf.***

Signature of Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Officer: \_\_\_\_\_ Office Held: \_\_\_\_\_

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