
Application for USTW Individual Membership



United States Taekwondo Won, Inc.

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

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

Phone: (304) 539-3044

Web: www.ustw.org

Full Name: _____ M / F

Address: _____ Apt No.: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

Taekwondo Rank: _____ Gup / Dan

Phone: _____ Fax: _____ E-mail: _____

School/Club Name: _____ Phone: _____

School/Club Address: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Head Instructor: _____ State Association: _____

Membership Fee: \$30.00 for one year \$55.00 for two 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 undersigned hereby agrees to abide by the Articles of Incorporation, Bylaws, and Rules and Regulations of the United States Taekwondo Won, Inc.

Existing USTW Membership? Y / N Year(s) of Membership: _____

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian (if Minor): _____ Date: _____

USTW INSTRUCTOR CERTIFICATION SEMINAR APPLICATION

Louisville, KY: Saturday, September 17, 2011 (from 7:30 am – 7:30 pm) at the Galt House.

****NOTE: Mail Registration Forms and Fee Payments, as noted below, by August 31, 2011****

Mail to: United States Taekwondo Won, 3501 MacCorckle Ave. SE Suite 127, Charleston, WV 25304-1419
(304) 539-3044

United States Taekwondo Won, Inc.

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

Full Name: _____ M/F

Address: _____ Apt No: _____

City: _____ State: _____ Zip Code: _____

Taekwondo Rank: _____ Dan: _____ Date of Birth: _____

Phone: _____ Fax: _____ Email: _____

School/Club Name: _____ Phone: _____

School/Club Address: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

****PLEASE NOTE: You MUST be: (1) 18 years of age; (2) a current USTW member; and (3) a USTW certified Black Belt; in order to receive a USTW Instructor Certificate for this Seminar.**

Check Desired Seminar Course:

Registration Fee:

- | | | |
|--------------------------|--|----------|
| <input type="checkbox"/> | Assistant Instructor (1 st and 2 nd Dan) | \$75.00 |
| <input type="checkbox"/> | Instructor (3 rd and 4 th Dan) | \$125.00 |
| <input type="checkbox"/> | Master Instructor (5 th Dan and Above) | \$150.00 |

Attach the Following: (For On-line Registration, Printable Forms and Fee Schedules go to www.ustw.org)

- ◆ Copy of USTW Individual Membership Card, or completed USTW Membership Application Form, or copy of email verification of on-line USTW Membership Registration.
- ◆ Copy of USTW Dan Certificate, or completed USTW Dan Promotion/Conversion Form with supporting documents.
- ◆ Full payment for all applicable Membership Fees, Dan Promotion/Conversion Fees and Seminar Registration Fees (Cashier's Check or Money Order Only).

LIABILITY WAIVER, CONSENT TO MEDICAL TREATMENT AND RELEASE

In consideration of your accepting this Event Application, I do hereby for myself and my heirs, executors and/or administrators waive, release and forever discharge any and all rights and claims for damages and/or remedies which I may have or which may accrue to me against the United States Taekwondo Won, Inc., or its respective officers, agents, representatives, successors, and/or assignees, and against any United States Taekwondo Won, Inc. Event participants, for any and all damages and/or claims which may accrue to me in connection with or arising out of my association with or participation in any such Event. I consent and agree to be given any health care treatment deemed by the Event health care staff to be reasonably necessary and advisable for my safety and welfare, with such consent deemed to have been given before any such health care treatment is either recommended or required, the cost of which is acknowledged to be solely and fully my responsibility to pay. I consent and agree to abide by the Articles of Incorporation, Bylaws, Code of Operations and Rules and Regulations of the United States Taekwondo Won, Inc. and I further understand that I may be dismissed from the Event premises without any refund or compensation if my conduct is deemed by the Event staff not to be cooperative or conducive to the successful operation of the Event. I consent and agree to the use of my likeness, in pictures and other media, by the United States Taekwondo Won, Inc. and its respective officers, agents, representatives, successors, and/or assignees without compensation or any other consideration.

Signature of Applicant: _____ Date: _____

PROGRAM ADVERTISEMENT ORDER FORM

USTW National Instructor Certification Seminar
USTW National Seminar- September 17, 2011, Galt House
Louisville, KY

This is an Advertising Order for space in the Souvenir Program book for the 2011 USTW National Instructor Certification Seminar and authorization for said space to appear therein.

PRINT ALL INFORMATION

Advertiser: _____

Contact Name: _____

Address: _____

Business Phone: _____ Fax: _____

Email: _____ Website: _____

ADVERTISING RATES AND INFORMATION

All advertising artwork must be camera ready! All advertising orders will receive one free program.

COVER LOCATIONS:

- | | |
|--|---|
| <input type="checkbox"/> Back Cover | <input type="checkbox"/> \$1000 full color 8-1/2" x 11" |
| <input type="checkbox"/> Inside Back Cover | <input type="checkbox"/> \$750 full color 8-1/2" x 11" <input type="checkbox"/> \$450 black & white |

INSIDE LOCATIONS:

- | | |
|---|---|
| <input type="checkbox"/> Full Page | <input type="checkbox"/> \$100 black & white 8-1/2" x 11" |
| <input type="checkbox"/> Half Page (horizontal) | <input type="checkbox"/> \$75 black & white 8-1/2" x 5.5" |
| <input type="checkbox"/> Quarter Page | <input type="checkbox"/> \$50 black & white 4" x 5" |
| <input type="checkbox"/> Business Card Size | <input type="checkbox"/> \$25 |

CONDITIONS OF THIS CONTRACT

A cashier's check or money order, and all camera-ready artwork must accompany this order, with authorized signature, all of which must be received no later than August 31, 2011.

Please make check payable and mail to: United States Taekwondo Won, 3501 MacCorckle Ave. SE Suite 127, Charleston, WV 25304-1419 (304) 539-3044. www.ustw.org

Total Amount Enclosed: \$_____

Authorized Signature: _____ Date: _____