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:					
City:		State:	Zip Code:	Date of	
Birth:					
				_ Gup / Dar	
School/Club Name:		Phone:			
School/Club Address:			Suite:		
City:		State:	Zip Code:		
Head Instructor:			State Association:		
Membership Fee:		\$30.00 for one (1) year \$55.00 for two (2) years \$240.00 Lifetime Members	hip		
	\$	_ 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 Regulations of the Unite	U	le by the Articles of Incorp wondo Won, Inc.	oration, Bylaws, and Rul	les and	
Existing USTW Membersh	ip? Y/N	Year(s) of Membe	rship:		
Signature of Applicant:			Date:		
Signature of Parent/Guardia	n (if Minor):		Date:		