



# International Taekwon-Do Federation Of B.C.

11033- 237th St. Maple Ridge, British Columbia, Canada. V2W 2E2  
Phone: 604-466-2143 Fax: 604-941-2184, email: treasurer@itfofbc.com

## MEMBERSHIP APPLICATION FORM

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Phone: (Optional): \_\_\_\_\_

E-Mail\*: (Optional): \_\_\_\_\_

Degree: \_\_\_\_\_

Certificate #: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

School: \_\_\_\_\_

I, being of, or over the age of 19, hereby apply to become a Member of the above named Society. Further, I do hereby agree to uphold the Constitution of the Society, to comply with the Bylaws, as well as the Rules & Regulations of the Society, and to pay any and all Membership fees as may be assessed by the Society.

**\*As the ITF of B.C. corresponds with its' Membership ONLY by email should you choose not to provide your email address then you acknowledge/accept that you will not receive any correspondence directly from the ITF of B.C.**

Signature: \_\_\_\_\_

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

**Approved and accepted by the Board of Directors:**

Per: \_\_\_\_\_

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

