



Membership Application Form

Personal Information

First Name: _____ Last Name: _____

Applicant Address:

_____ St _____ City _____ State _____ Zip Code _____

Date of Birth: ____/____/____ Gender: Male / Female

Current Rank: _____ Kukkiwon Rank: _____ Other Rank(Please specify): _____

School Information

Name of School(Do-Jang): _____

Do-Jang Address:

_____ St _____ City _____ State _____ Zip Code _____

Do-Jang E-mail: _____ Do-Jang Website: _____

I, _____, hereby submit my application to become a member of the United States Taekwondo Grandmasters Society.

Signature of Applicant: _____ Date: _____

1 year annual membership fee: \$150 (please include payment along with application form)
Event participation fee: \$150

Contact information:

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(734) 775-9675 ©