



## Membership Application Form(신회원에만함)

### ***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: \_\_\_\_\_

1year annual membership fee: \$200(please included payment along with application form)

Contact information:

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