



California Unified Taekwondo Association

WWW.CUTKDA.COM



Individual Membership Application

- New Membership # _____ (to be assigned)
- Renewing Athletes # _____

Last Name: _____ First Name: _____

Date of Birth: _____ Age: ____ Gender: _____ TKD Rank & Belt Color: _____

Address: _____

City: _____ CA Zip: _____

Phone #: (_____) _____ Email: _____

Taekwondo Club Name: _____

Master/Instructor Name: _____

Address: _____

City: _____ CA Zip: _____

Phone #: (_____) _____ Website: _____

Signature: _____ Date: _____

Individual Members: Eligible for membership shall be any individual who is an amateur Taekwondo athlete, student, instructor, coach, referee, supporter, manager, administrator, or official active in Taekwondo.
Each member is entitled to:

1. a current ID card of the Corporation;
2. compete in state tournaments;
3. opportunity for State team trial (black belt, age 14 & older)
4. opportunity to compete in National & International Championships
5. Membership valid for one year from date of receipt.

Please mail this completed application along with a check or money order for \$10 payable to:

California Unified Taekwondo Association
Attention: Membership Department
111 E. Carson St. #11
Carson, CA 90745

Please allow 2-4 weeks processing time
Online Registration is available at WWW.CUTKDA.COM

Membership Committee Use Only: Date Received: _____ Rcvd By: _____ Processed By: _____