



# YOM CHI TAEKWON-DO ASSOCIATION® MEMBERSHIP APPLICATION

PRINT OR TYPE  
<http://www.YOMCHI.org>

**NEW MEMBER**       **RENEWING** – Y.C.T.A. MEMBERSHIP NUMBER \_\_\_\_\_

CURRENT RANK \_\_\_\_\_ GUP/DAN \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
Circle one

**ALL RENEWALS MUST BE RECEIVED BY THE NATIONAL MEMBERSHIP DIRECTOR BY SEPTEMBER 30<sup>TH</sup>. YEARLY MEMBERSHIPS ARE \$30/MEMBER. ADDITIONAL FAMILY MEMBERS ARE HALF PRICE. PLEASE CHECK WITH YOUR INSTRUCTOR FOR OTHER FEES AND DISCOUNTS. RENEWALS RECEIVED AFTER SEPTEMBER 30<sup>TH</sup> REQUIRE A \$5 LATE FEE.**

AMOUNT ATTACHED \$ \_\_\_\_\_  
If you are claiming a family discount please print the family member and membership number. If all family members are newly applying just enter the name

FAMILY MEMBER \_\_\_\_\_ FAMILY MEMBER Y.C.T.A. Number \_\_\_\_\_

### APPLICANT

### PARENT/GUARDIAN IF UNDER 18

NAME \_\_\_\_\_ NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**IF YOU ARE NEW TO YOM CHI OR IF ANY OF YOUR INFORMATION HAS CHANGED PLEASE FILL OUT THE FOLLOWING SECTION:**

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ M/F \_\_\_\_\_ D.O.B. \_\_\_\_\_  
MM/DD/YYYY

SCHOOL \_\_\_\_\_ INSTRUCTOR \_\_\_\_\_

**IF YOU ARE TRANSFERING IN FROM ANOTHER ORGANIZATION WHAT WAS THE HIGHEST RANK YOU ACHIEVED** \_\_\_\_\_

Please attach a copy of your highest rank

**MAKE CHECKS PAYABLE TO YOUR YOM CHI STATE ADMINISTRATOR  
ALL APPLICATIONS MUST BE SUBMITTED THROUGH YOUR YOM CHI STATE ADMINISTRATOR**

Note: YOM CHI TaeKwon-Do Association® reserves the right to refuse membership to any individual, school, or association. If this membership is not accepted, the membership fee will be returned in full within thirty days of receipt