



# MEMBERSHIP APPLICATION

U.S. Soo Bahk Do Moo Duk Kwan Federation™

also known as U.S. Tang Soo Do Moo Duk Kwan Federation®

P.O. Box 154, Springfield, NJ 07081 (888) SOO-BAHK (973) 467-5716 fax

Email: [Membership@soobahkdo.com](mailto:Membership@soobahkdo.com) [www.soobahkdo.com](http://soobahkdo.com) <http://soobahkdo.editime.com>



**1) Who is applying for, or renewing membership?** (If adding a new member to your household, please identify the other practitioners in your household and mark them as active or not.)

Date Started Training <i>new mem only</i>	Temp ID, Gap ID, Dan ID, Non-Mem	A C T I V E ?			Your name will appear on your membership card and rank certificates as you list it here.		Birth Date	Member Personal Email:
		F	T	R	First Name	Last Name		
Member 1								
Member 2								
Member 3								
Member 4								

Non Member Parents	Non Mem Mother		First Name	Ini	Last Name	Birth Date	Email:
	Non Mem Father						

2) Where should we send your membership materials?	Address		City	State	Zip Code	Country
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3) How else may we contact you about Federation matters?	Home Phone	Work Phone	Cell Phone	Preferred Primary Email
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4) Where do you study the art of Soo Bahk Do™ Moo Duk Kwan™?	Studio ID#	Certified Studio Name	Instructor Dan#	Your Instructor's Name
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5) What are your membership payment instructions?	Please check		CALL (888) SOO-BAHK OR LOG ON <a href="http://www.soobahkdo.com">www.soobahkdo.com</a>			Headquarters Use Only		
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(additional household members may be added for free during an existing household term)	Activate/Renew my 6 month INDIVIDUAL membership	\$ 39	How did you find out about your studio? (check one) Word-of-mouth? ___ Local Advert? ___ National Advert? ___	Employee:	
	Activate/Renew my 12 month INDIVIDUAL membership	\$ 59		Postmarked:	
	Activate/Renew our 6 month HOUSEHOLD membership	\$ 77		Received Date:	

Expired, Inactive, and Restarted training, multi-year expired and renewals postmarked after expiration date add \$15 per person membership reinstatement fee	\$ 15	Mem Starts:	
		Mem Expires:	
		Renew to:	
		Auth#	
		Auth Date	

6) Circle Your Payment Method:	CCard	Cash	Check	Money Order	TOTAL: \$ _____	Signature: _____
Credit Card#:			Exp _____			