

APPLICATION FORM

ALL boxes should be completed in BLOCK CAPITALS

[Membership Type]

Individual

☐

Group

☐

Associate

☐

[Kukkiwon Master]

Registered

☐

New

☐

【Personal Information】

Kukkiwon

☐

Dan

Issue date

YY.MM.DD

Dan No

Surname

Forenames

D.O.B

YY.MM.DD

Nationality

Occupation

Address

Post Code

Telephone

Mobile

E-mail

Male

☐

Female

☐

【Club Information】

Club Name

Country

Club

Address

(Mailing)

Post Code

Telephone

FAX

Website

Number
of Dojang

Clubs

Name of
Dojang

More information, please attach the files.

Please accept my application to register the above Club/Group/Associate as a member of the KUKKIWON. My members, instructors and I agree to comply with the rules and regulations of the KUKKIWON.

20 , ,

Name

Sign

The information given on this form will be entered into the KUKKIWON database and is for exclusive use by the KUKKIWON. If you do not wish your data to be stored tick here :

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