



Indian ITF Taekwon-Do Federation
 Affiliated to
 International Taekwon-Do Federation(Austria)
 Membership Form



ITF Dan Certificate no:

Membership No:

1. Name & State _____

2. Father's Name _____

3. Resi. Address _____

4. E-Mail: _____ Resi Ph. no: _____

5. Mobile no: _____ Eyes colour: _____ Height: _____

6. Date of birth _____ Age(years) _____ Sex _____

7. Applicant Occupation _____

8. Educational Qualifications _____

9, Father's Occupation/Add. _____

10. Date of Joining _____

AFFIX STAMP
 SIZE PHOTO
 GRAPH & one
 Attach.

Blood Group:
 Weight:
 Height:

I hereby declare all the information given above is correct. I shall use my training only for the self defense and will uphold the dignity and integrity of the art. I understand the Federation and the Instructors are not responsible for any injury sustained by me during training.

 Date

 Parents Signature

 Applicant's Signature

Recommended by: _____
 (Instructor Name & sign)