



해동검도

HAIDONG GUMDO

Application for Instructor's Membership Program

Name	English:			Picture
	Korean:			
School Name				
Phone Number	Home:		Cell:	
	School:		Fax:	
School Address	Street:			
	City:	State:	Zip Code:	
Email	E-mail:			
Date of Birth	Age:			
Career of Martial Arts				
Specialties				
Waist Size:		Uniform Size:		Shoe Size:

I agree I am strictly prohibited from sharing or instructing any of the Curriculum of the World Haidong Gumdo Federation with another individual unless given permission by the U.S. Haidong Gumdo Association.

I also agree that I will completely and thoroughly keep the rules, articles of the association, and the agreement of the U.S. Haidong Gumdo Association.

Date: _____

Signature: _____

Association: _____

Signature of Chief Master: _____



U.S. HAIDONG GUMDO ASSOCIATION