



**Australian
Taekwondo**

ABN 69 167 216 033

2017 MEMBERSHIP APPLICATION

(please print clearly) Member #
New member (.....) please tick **YES**
Member Surname: First Name/s:

Date of Birth: / / Age:

Gender: Male Female

Address:

Suburb: State: Postcode:

Contact Details: Home (.....) Work (.....)

Mobile

Email:@.....

Please tick if relevant Aboriginal Torres Strait Islander

Rank: Belt Colour/Gup

Black BeltPoom / Dan Level Kukkiwon/ID number

Name of Head Instructor: **Thuy Khanh Phan** member # 2007 060 636

Name of your Club Instructor: **Tung Manh Ho** member # 2009 050 395

Name of your Club:



Note: Student accident insurance is not intended to replace medical/hospital benefit insurance. It is recommended that you have private health insurance in addition to the participation insurance. Please make sure that all the above information is supplied and is correct.

Phan Cao Tri

Visit Thuan Phong TaeKwonDo Australia
<http://thanphongaustralia.com/>

RETURN THIS FORM TOGETHER WITH CORRECT FEE TO YOUR INSTRUCTOR