

UNITED STATES INTERNATIONAL TAEKWON-DO FEDERATION



NATIONAL HEADQUARTERS

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INDIVIDUAL MEMBERSHIP APPLICATION

*Please review the information for accuracy.
Your name will appear on cards and communications
exactly as it appears on this application.*

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Current Rank: _____ ITF Black Belt Certificate #: _____

Name of Instructor: _____

Rank: _____ ITF Black Belt Certificate #: _____

School Name: _____

Do you practice ITF patterns? Yes No

ANNUAL MEMBERSHIP FEE \$25.00

Checks should be made payable to: US-ITF
All original applications and payments should be mailed to:

US-ITF
PO Box 33205
Reno, NV 89533

EMAIL Application
submit payment
via Zelle to (775) 287-8262