TAEKWONDO NB APPLICATION FORM / D'APPLICATION

(PLEASE PRINT / IMPRIMER S.V.P.) **Membership expiration date is August 31 of every year - Registration Fee $30.00**

ATTENTION: THIS FORM IS USED FOR ALL MEMBERS INCLUDING AFTER SCHOOL / DAYCARE / PICKUP TAEKWONDO PROGRAMS

NAME / NOM: ______________________________ GENDER: M F

ADDRESS / ADRESSE: ______________________________

CITY / VILLE: ______________________________ POSTAL CODE / POSTALE: ______________________________

TELEPHONE #: ______________________________ E-MAIL: ______________________________

DATE OF BIRTH / DATE DE NAISSANCE: Day ____________ Month ______________ Year ______________

T K D SCHOOL NAME / NOM DE L'ECOLE : ______________________________

RANK / RANG : ______________________________ KUKKIWON CERT# ______________________________
(black belts must provide a photo-copy of their kukkiwon certificate)

REFEREE CLASS: ______________________________

NB COACHING LEVEL / NIVEAU D'ENTRAINEUR NB: ______________________________

I, ______________________________, hereby apply for membership into TAEKWONDO NB at ______________________________ Tae kwon do and fully understand and agree that I will abide by the rules, regulations and bylaws of TAEKWONDO NB Inc. I fully understand this application is for Tae kwon do classes only. I understand that there may be photos taken at events and used by TKDNB. I agree to allow the rights of these photos to be used by TKDNB. I also understand that some of this information may be shared with the National Affiliate Taekwondo Canada, and do agree to let TKDNB share this information with them. For this application to be accepted and for insurance purposes, it must be signed by the instructor and applicant (parent/guardian if under the age of eighteen).

______________________________ ______________________________ ______________________________ -

Instructor/ Instructeur Date Applicants Signature

* *

OFFICE USE ONLY

ACCEPTED ( ) REJECTED ( ) Paid: M.O CHEQUE TKDNB# __________

Date Received: ______________________________ **SIGNED:** ______________________________

Return with cheque to Taekwondo NB, c/o Allan Morris 9 Dobson Lane, Rothesay, NB E2E 2A2

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TAEKWONDO NB MEMBERSHIP RECEIPT

Members Name : ______________________________

Top section to be sent to:
Taekwondo NB
c/o Shannon Payne
83 Corey Street
McLeod Hill, N.B.
E3G 5X9

Method of Payment: Fee $30.00 Cash ( ) Cheque ( ) Payable to **Taekwondo NB**

Date : ______________________________ Instructors Signature: ______________________________

Membership Expires August 31 of Every Year