

## $\begin{array}{c} \textbf{INTERNATIONAL TAEKWON-DO} \\ \textbf{ASSOCIATION}^{\text{\tiny TM}} \end{array}$

(International Headquarters) P.O. Box 281 Grand Blanc, MI 48480, USA

## ETP (EXTERNAL TESTING PROGRAM)

## Application For Admission

(Please Print or Type)

NAME (LAST):		FIRST:			INITIAL:
ADDRESS (STREET):		CITY:			
STATE:	ZIP CODE:_	COUNTRY:			
DATE of BIRTH: MONTH:	DAY:	YEAR:	PHONE	:()	
YOUR RANK:	DATI	E OF RANK:	MONTH:	DAY:	YEAR:
ITA REG. NUMBER:	DATE J	OINED ITA:	MONTH:	DAY:	YEAR:
The ITA ETP (External Testing in rank within the ETP you mus a registered ITA school. You m submit the following:	t be a registered I'must also meet all I	ΓA member i TA Time-In-	n good standir Rank requiren	ng and not live nents. To enrol	within fifty miles of
<ol> <li>ETP Admission Fee</li> <li>Completed ITA ET</li> <li>A Photocopy of you</li> <li>ITA Application Fo</li> </ol>	P (External Testinur current Certification)	ng Program) A ate of Rank.	Application.		
Once admitted to the ETP you sorder to advanced to your next to be listed with the promotion requirement of a money order made page.	rank. Submit the requirements. All fee	equirements ves are non-ref	when you are r undable. Fees	eady to test. The must be in U.S	ne Testing Fee will
	Attn: Director Pos	at Office Box	ns and Record	S	
I hereby apply for admission to for any tuition or fees. I certify accurate to the best of my know	that all information	n on this appl	lication and m	aterials submit	
Applic	ant's Signature			Date	