

## INTERNATIONAL HAPKIDO FEDERATION™

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

## HEAD INSTRUCTOR APPLICATION

(Please Print or Type)

NAME(LAST):		FIRST:		INITIAL:
ADDRESS (STREET):		CITY:		
STATE:	ZIP CODE:	COUNT	RY:	
DATE OF BIRTH: MONTH:	DAY: YEA	R: PHONE: (	)	
YOUR RANK:	DATE O	F RANK: MONTH:	DAY:	YEAR:
NUMBER OF GUPS AT THIS	SCHOOL:	NUMBER OF DA	ANS AT THIS S	SCHOOL:
I, the undersigned, do hereby Federation <sup>TM</sup> ). I agree to adhe follow the policies and proced Directors and the President.  I am registering my School an teach at my School, as Instruction permitted to issue and/or have IHF Individual Applications for Headquarters and must be significant.	d all of my students, tors, with the IHF. I printed, any type of or Membership and I	at this time, with the understand that under certificate or card, of promotions must be p	By-Laws and be IHF and registress of rank. I further presented to IHI	nization and to by the Board of tering all those who nees will I be understand that all
In consideration thereof, I her regulations, I may be dismisse payments of any kind are non-	eby agree that shoulded and that I shall not	I I fail to abide by the be entitled to a refun	IHF's policies, ad of any kind.	I understand that all
Applicant's Sig	nature		Date:	

Head Instructor First- Year Fee: \$55.00 (Annual Renewal Fee: \$35.00) (Make All Fees Payable to **ITA Institute**, in U.S. Funds Only)

Submit This Application, A Photo-Copy Of Your Certificate Of Rank, 2 (2"x2") ID Photos, Head Instructor's Fee, School Membership Application and Fee, Plus Applications for All Your Students and Fees As Indicated On The Applications.