

INTERNATIONAL HAPKIDO FEDERATION™

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

SCHOOL MEMBERSHIP APPLICATION

(Please Print or Type)

NAME OF SCHOOL:			
ADDRESS (STREET):		CITY:	
STATE:	ZIP CODE:	COUNTRY:	
DATE OPENED: MONTH:	DAY: YEAR:_	SCHOOL PHONE: ()
NUMBER OF GUPS AT THIS	S SCHOOL:	NUMBER OF DANS AT TH	IIS SCHOOL:
HEAD INSTRUCTOR'S NAM	ME AND RANK:		
NUMBER OF INSTRUCTOR	S AT THIS SCHOOL:_	E-MAIL ADDRESS:	
		RRESPONDENCE IS TO BE S	
		CITY:	
		COUNTRY:	
HOME PHONE: ()		_ WORK PHONE: ()	
submit, with this application, t Application and \$50.00 for each I, the undersigned, do hereby a understand that my School(s) a time. I agree to adhere to all ru	he First-Year School Merch additional school you had gree to register all Instructure subject to inspection belies, regulations, policies,	ors and Officials of this school. Imbership Fee, plus another Scholave. All schools must register vectors, Students, and Schools with the IHF President and/or other and procedures as set forth in the I understand that all fees, dues,	ool Membership with the IHF. h the IHF, at this time . I er IHF officials at any he IHF Constitution and
Applicant's Signature		Dat	e: