

Enter your Surname, Forename and any middle initials, this what will appear on your licence.  
Next enter your date of birth in Month, Day, Year format. Put month in letters if not sure i.e. May



## WORLD TANG SOO DO ASSOCIATION

World Headquarters  
2436 West Hanford Road  
Burlington, NC 27215  
(215) 468-2121



### GUP MEMBERSHIP APPLICATION

OFFICIAL USE ONLY

Membership No. _____
Region _____

PLEASE PRINT

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Initial Mo Day Year

Address \_\_\_\_\_  
No street City

\_\_\_\_\_ state Zip Country

Tel. No. ( ) \_\_\_\_\_  Male  Female Email \_\_\_\_\_

Education \_\_\_\_\_ Occupation \_\_\_\_\_

Current Rank No \_\_\_\_\_ What Gup \_\_\_\_\_  
If Any

Name of Dojang (Studio) \_\_\_\_\_

Rank & Name of Instructor \_\_\_\_\_

Date \_\_\_\_\_ Applicant \_\_\_\_\_  
(Signature)

Fee Enclosed \$ \_\_\_\_\_ Guardian \_\_\_\_\_  
(If applicant is under 18)

By signing above, I acknowledge that I am applying for membership in the World Tang Soo Do Association, that I have read the membership agreement on the second page(Back) of this application, and that I will respect and obey all rules and regulations of the WTSDA and my member studio.

#### Studio Recommendation

I recommend the above applicant for membership of the World Tang Soo Do Association

Studio Name \_\_\_\_\_

Chief instructor \_\_\_\_\_  
Signature

Enter your full address including Street, Town, County, Post Code, and Country (Great Britain)



# WORLD TANG SOO DO ASSOCIATION

World Headquarters  
2436 West Hanford Road  
Burlington, NC 27215  
(215) 468-2121



## GUP MEMBERSHIP APPLICATION

OFFICIAL USE ONLY

Membership No	_____
Region	_____

PLEASE PRINT

Name \_\_\_\_\_  
Last First Initial

Date of Birth \_\_\_\_\_  
Mo Day Year

Address \_\_\_\_\_  
No street City

\_\_\_\_\_ state \_\_\_\_\_ Zip \_\_\_\_\_ Country

Tel. No. ( ) \_\_\_\_\_  Male  Female Email \_\_\_\_\_

Education \_\_\_\_\_ Occupation \_\_\_\_\_

Current Rank No \_\_\_\_\_ What Gup \_\_\_\_\_  
If Any

Name of Dojang (Studio) \_\_\_\_\_

Rank & Name of Instructor \_\_\_\_\_

Date \_\_\_\_\_ Applicant \_\_\_\_\_  
(Signature)

Fee Enclosed \$ \_\_\_\_\_ Guardian \_\_\_\_\_  
(If applicant is under 18)

By signing above, I acknowledge that I am applying for membership in the World Tang Soo Do Association, that I have read the membership agreement on the second page(Back) of this application, and that I will respect and obey all rules and regulations of the WTSDA and my member studio.

### Studio Recommendation

I recommend the above applicant for membership of the World Tang Soo Do Association

Studio Name \_\_\_\_\_

Chief instructor \_\_\_\_\_  
Signature

Enter your Telephone number including STD Code, Tick either Male or Female, Enter your Email address if you have one.



# WORLD TANG SOO DO ASSOCIATION

World Headquarters  
2436 West Hanford Road  
Burlington, NC 27215  
(215) 468-2121



## GUP MEMBERSHIP APPLICATION

OFFICIAL USE ONLY

Membership No _____
Region _____

PLEASE PRINT

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Initial Mo Day Year

Address \_\_\_\_\_  
No Street City

\_\_\_\_\_ State Zip Country

Tel. No. ( ) \_\_\_\_\_  Male  Female Email \_\_\_\_\_

Education \_\_\_\_\_ Occupation \_\_\_\_\_

Current Rank No \_\_\_\_\_ What Gup \_\_\_\_\_  
If Any

Name of Dojang (Studio) \_\_\_\_\_

Rank & Name of Instructor \_\_\_\_\_

Date \_\_\_\_\_ Applicant \_\_\_\_\_  
(Signature)

Fee Enclosed \$ \_\_\_\_\_ Guardian \_\_\_\_\_  
(If applicant is under 18)

By signing above, I acknowledge that I am applying for membership in the World Tang Soo Do Association, that I have read the membership agreement on the second page(Back) of this application, and that I will respect and obey all rules and regulations of the WTSDA and my member studio.

### Studio Recommendation

I recommend the above applicant for membership of the World Tang Soo Do Association

Studio Name \_\_\_\_\_

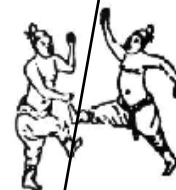
Chief instructor \_\_\_\_\_  
Signature

If you are still in education then enter "Student" in the Education box, else enter your Occupation



# WORLD TANG SOO DO ASSOCIATION

World Headquarters  
2436 West Hanford Road  
Burlington, NC 27215  
(215) 468-2121



## GUP MEMBERSHIP APPLICATION

OFFICIAL USE ONLY

Membership No	_____
Region	_____

PLEASE PRINT

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Initial Mo Day Year

Address \_\_\_\_\_  
No Street City  
\_\_\_\_\_ State Zip Country

Tel. No. ( ) \_\_\_\_\_  Male  Female Email \_\_\_\_\_

Education \_\_\_\_\_ Occupation \_\_\_\_\_

Current Rank No \_\_\_\_\_ What Gup \_\_\_\_\_  
If Any

Name of Dojang (Studio) \_\_\_\_\_

Rank & Name of Instructor \_\_\_\_\_

Date \_\_\_\_\_ Applicant \_\_\_\_\_  
(Signature)

Fee Enclosed \$ \_\_\_\_\_ Guardian \_\_\_\_\_  
(If applicant is under 18)

By signing above, I acknowledge that I am applying for membership in the World Tang Soo Do Association, that I have read the membership agreement on the second page(Back) of this application, and that I will respect and obey all rules and regulations of the WTSDA and my member studio.

### Studio Recommendation

I recommend the above applicant for membership of the World Tang Soo Do Association

Studio Name \_\_\_\_\_

Chief instructor \_\_\_\_\_  
Signature

Please leave the Current Rank and What Gup boxes blank. Then enter the name of your club either Impington Tang Soo Do Club or Cambridge Tang Soo Do Club



# WORLD TANG SOO DO ASSOCIATION

World Headquarters  
2436 West Hanford Road  
Burlington, NC 27215  
(215) 468-2121



## GUP MEMBERSHIP APPLICATION

OFFICIAL USE ONLY

Membership No \_\_\_\_\_  
Region \_\_\_\_\_

PLEASE PRINT

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Initial Mo Day Year

Address \_\_\_\_\_  
No Street City  
\_\_\_\_\_ State Zip Country

Tel. No. ( ) \_\_\_\_\_  Male  Female Email \_\_\_\_\_

Education \_\_\_\_\_ Occupation \_\_\_\_\_

Current Rank No \_\_\_\_\_ What Gup \_\_\_\_\_  
If Any

Name of Dojang (Studio) \_\_\_\_\_

Rank & Name of Instructor \_\_\_\_\_

Date \_\_\_\_\_ Applicant \_\_\_\_\_  
(signature)

Fee Enclosed \$ \_\_\_\_\_ Guardian \_\_\_\_\_  
(if applicant is under 18)

By signing above, I acknowledge that I am applying for membership in the World Tang Soo Do Association, that I have read the membership agreement on the second page(Back) of this application, and that I will respect and obey all rules and regulations of the WTSDA and my member studio.

### Studio Recommendation

I recommend the above applicant for membership of the World Tang Soo Do Association

Studio Name \_\_\_\_\_

Chief instructor \_\_\_\_\_  
Signature

Please enter the Rank and Name of your Club Instructor.  
Impington - Mr M. Allen Sah Dan or Cambridge - Mrs L Allen Sam Dan



## WORLD TANG SOO DO ASSOCIATION

World Headquarters  
2436 West Hanford Road  
Burlington, NC 27215  
(215) 468-2121



### GUP MEMBERSHIP APPLICATION

OFFICIAL USE ONLY

Membership No \_\_\_\_\_  
Region \_\_\_\_\_

PLEASE PRINT

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Initial Mo Day Year

Address \_\_\_\_\_  
No Street City  
\_\_\_\_\_ State Zip Country

Tel. No. ( ) \_\_\_\_\_  Male  Female Email \_\_\_\_\_

Education \_\_\_\_\_ Occupation \_\_\_\_\_

Current Rank No \_\_\_\_\_ What Gup \_\_\_\_\_  
# Any

Name of Dojang (Studio) \_\_\_\_\_

Rank & Name of Instructor \_\_\_\_\_

Date \_\_\_\_\_ Applicant \_\_\_\_\_  
(Signature)

Fee Enclosed \$ \_\_\_\_\_ Guardian \_\_\_\_\_  
(If applicant is under 18)

By signing above, I acknowledge that I am applying for membership in the World Tang Soo Do Association, that I have read the membership agreement on the second page(Back) of this application, and that I will respect and obey all rules and regulations of the WTSDA and my member studio.

#### Studio Recommendation

I recommend the above applicant for membership of the World Tang Soo Do Association

Studio Name \_\_\_\_\_

Chief instructor \_\_\_\_\_  
Signature

Please sign the box marked applicant and if you are under 18 get your parent or guardian to sign beneath.



# WORLD TANG SOO DO ASSOCIATION

World Headquarters  
2436 West Hanford Road  
Burlington, NC 27215  
(215) 468-2121



## GUP MEMBERSHIP APPLICATION

OFFICIAL USE ONLY

Membership No	_____
Region	_____

PLEASE PRINT

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Initial Mo Day Year

Address \_\_\_\_\_  
No Street City  
\_\_\_\_\_ State Zip Country

Tel. No. ( ) \_\_\_\_\_  Male  Female Email \_\_\_\_\_

Education \_\_\_\_\_ Occupation \_\_\_\_\_

Current Rank No \_\_\_\_\_ What Gup \_\_\_\_\_  
# Any

Name of Dojang (Studio) \_\_\_\_\_

Rank & Name of Instructor \_\_\_\_\_

Date \_\_\_\_\_ Applicant \_\_\_\_\_  
(signature)

Fee Enclosed \$ \_\_\_\_\_ Guardian \_\_\_\_\_  
(if applicant is under 18)

By signing above, I acknowledge that I am applying for membership in the World Tang Soo Do Association, that I have read the membership agreement on the second page(Back) of this application, and that I will respect and obey all rules and regulations of the WTSDA and my member studio.

### Studio Recommendation

I recommend the above applicant for membership of the World Tang Soo Do Association

Studio Name \_\_\_\_\_

Chief instructor \_\_\_\_\_  
Signature

Please read the agreement and Rules below and make sure you Sign and Date at the bottom

### Agreement for Membership in the WTSDA

I, the signed applicant on the first page (front), hereby agree to abide by and observe all the rules and regulations of the World Tang Soo Do Association. I will not violate any of the conditions of membership as outlined in the current Gup Manual and Dan Manual. If at any time I violate any of the conditions therein or if I violate any of the following conditions expressly agreed upon between the WTSDA, my studio and me, I will agree that the WTSDA and my studio reserve the right to withdraw and revoke any rank and/or status. I agree to pay any and all liquidated damages to the WTSDA as a result of violating the above conditions and/or rules and regulations of the WTSDA. Said liquidated damages shall be fair and reasonable.

1. I pledge to protect the honor and dignity of the Art of Tang Soo Do through my behavior inside and outside of the dojang.
2. I am prohibited from using or executing any Tang Soo Do techniques or other martial arts techniques unless it reasonably appears necessary to defend myself or another against an apparent threat of unlawful and immediate violence from another.
3. I will not engage in the demonstration or instruction of the Art of Tang Soo Do in any form whatsoever or under any circumstances without the express written permission of the WTSDA and/or my studio.
4. If I ever become inactive for a period of more than three (3) months or if I ever become lackadaisical in my training, my rank may be re-evaluated and I may be demoted to a lower rank.
5. I agree that if I ever cease to be a member of the Association, whether voluntarily or involuntarily, I will not hold myself out as a current member of the WTSDA. I further agree to refrain from displaying or showing any certificate or identification card which contains the WTSDA trademark and/or WTSDA logo, both of which are protected by US Trademark Registration No. 1,327,588.
6. I agree it is the total discretion of the WTSDA to suspend or expel any member from his or her membership or from the WTSDA for conduct unbecoming a member of the WTSDA. Conduct unbecoming is determined as any conduct which is not in keeping with the standards of the WTSDA. Any member who is suspended or expelled from the WTSDA may not train or participate in events at any member studio. Any studio owner, after notice of said member suspension or expulsion, who allows that member to train at their studio or participate in studio events will risk the loss of their studio membership in the WTSDA.

I have read and fully understand this agreement and agree that all the terms and conditions shall be deemed to exist and bind all of the parties herein signed on the front side of this agreement.

#### FOR STUDIO OWNERS:

The studio owner named in this contract has the right to suspend or expel any member from him/her studio for conduct unbecoming a member. Conduct unbecoming is to be determined at the discretion of the studio owner and/or by the WTSDA by virtue of membership in said association. This paragraph is an essential part of the contract between the member and the studio owner. The member, by virtue of his/her signature, acknowledges that he/she has read this paragraph, understands same and accepts its provisions.

/ /  
Date

Signature

Date of Birth (mm/dd/yyyy)