

KOREA/USA SIMMUDO ASSOCIATION

2849 S. Broadway • Rochester, MN 55904 USA • 507-281-4335
Email: simmudo@earthlink.net Website: www.simmudo.com

MEMBERSHIP APPLICATION FORM

PERSONAL INFORMATION

Last Name _____ First Name _____ MI _____
Address _____
City _____ State _____ ZIP Code _____
Country _____ Home Phone _____ Work Phone _____
Date of Birth ____/____/____ E-Mail Address _____
Occupation _____

MARTIAL ARTS SCHOOL OWNERSHIP

School Name _____ Phone # _____
Address _____
City _____ State _____ ZIP Code _____
Country _____ Style _____ Current No. of Active Students _____
Years In Operation _____

MARTIAL ARTS TRAINING

Style _____ Rank _____ Date ____/____/____ Instructor _____
Style _____ Rank _____ Date ____/____/____ Instructor _____
Style _____ Rank _____ Date ____/____/____ Instructor _____

Memberships and Affiliations _____

Please accept my application for membership. If accepted, I agree to abide by the rules and regulations of the Korea/USA SimMuDo Association. I understand membership fees are non-refundable unless denied membership or I rescind my membership application in writing within three (3) days of notification of acceptance.

APPLICANT SIGNATURE _____ Date _____

NOTE: Please include the following items with application.

Personal resume____ 1 quality digital photos____ Current rank certificates____
Membership fee____ Reasons for joining____ Martial art background____

Membership fees:	Annual Fee	Joining Fee	Total (paid by check or money order)
	\$55.00	\$20.00	\$75.00 ____

Please make payable to: **Korea/USA Simmudo Association**

MAIL APPLICATION WITH PAYMENT TO:

MARTIAL ART FITNESS CENTERS, INC.
2849 S. Broadway • Rochester, MN 55904 USA