



INTERNATIONAL COMBAT HAPKIDO FEDERATION

MEMBERSHIP APPLICATION

_____ Please Print or Type _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Occupation: _____ Email: _____

_____ Martial Arts Background _____

Art/Style: _____ Rank: _____
(Black Belts attach a copy of your latest Dan Certificate)

Name Of School: **Practical Self Defense Training, LLC**

Address: **145 Sandy Hollow Trail** Phone: **(303) 688-1987**

City: **Franktown** State: **CO** Zip: **80116** Country: **United States**

Name Of Your Instructor: **Master Steve Materkowski** His/Her Rank: **6th Dan**

Memberships/Affiliations: _____

Please accept my application for Individual Membership in the International Combat Hapkido Federation (ICHF). I have enclosed my membership dues.

Applicant Name
(If under 18 years old – Parent or Guardian)

Date