

CANADIAN TAEKWON-DO FEDERATION INTERNATIONAL FÉDÉRATION CANADIENNE DE TAEKWON-DO INTERNATIONAL

Application for Membership

All applications MUST be submitted for approval by the Provincial Organization in which you are applying. If and once approved/the Provincial Organization will forward to the CTFI board of directors for final approval

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Date:		
CONTACT INFORMATION		
Applicant's Full Name and Title:		
Gender: Male Female	Date of Rirth:	
Gender. Franc Female	Date of Dirth.	(MM/DD/YYYY)
Phone Numbers Including Area Code		
Home: Work:	Cellular:	Fax:
Email:		
Current Mailing Address:(Street Address	and Down North or (Complicable)	
(Street Addre	ess and Box Number if applicable)	1
(City)	(Province)	(Postal Code)
CERTIFICATION AND TRAININ	IG HISTORY	
Applicant Current Rank:		
Training and Certification History att	ached Please attach to this ap	plication form a list showing your
rank, examination date and examiner for	all Black Belt levels, including you	r current rank.
ORGANIZATION INFORMATIO	N	
Applying for: Affiliation for Indiv	idual Affiliation for Organia	zation (Please fill out the following)
Name of Organization (school/group/b	ody etc.):	
Address of Organization Handavanton		
Address of Organization Headquarter (Street Address	ess and Box Number if applicable)	
(City)	(Province)	(Postal Code)
Current Affiliation(s):		
Current Number of Members:	Current Number of A	ctive Black Belts:

Please see next page →

Please Note: responses to the following questions are a mandatory part of the application process.

Why do you or your organization want to be affiliated to the International Taekwon-Do Federation and the Canadian Taekwon-Do Federation International?
The ITF and the CTFI are service organizations dedicated to the development of ITF Taekwon-Do and to the development of member Instructors and their students. How will you contribute to the ITF and CTFI