



# 2009 USA Taekwondo MAC Club Membership Application



## MEMBERSHIP INFORMATION

New Member    Renewal   USAT Club #    Current MAC

Club Name

Club Instructor    Club Rep (if different from Head Instructor)

Head Instructor USAT Membership #    Head Instructor Dan Rank    Club Rep USAT Membership #    Club Rep Dan Rank

Physical Address

City    State    Zip Code

Mailing Address

City    State    Zip Code    Club Website

Club Phone    Club Fax    Club Email Address

### TAX DEDUCTIBLE DONATION TO USAT

\$5    \$15    \$25    Other

## REFERRED BY:

Name of Person    Rank    Email Address

## CLUB LIABILITY INSURANCE

I would like information on **FREE** or reduced Liability & Sport Accident Insurance (Free with 35 registered USAT members) \*\*\*If you pay more than \$1000 a year for Club Insurance, mark the box above to discover ways to save

## MAILING INFORMATION

I would like to receive USAT newsletters, information and discount information sent via e-mail

I do **NOT** want to receive USAT newsletters, information and discount information sent via e-mail

## PLEASE COMPLETE

\_\_\_\_\_ hereby agrees to abide by USA Taekwondo, Articles of Incorporation, Bylaws, and Code of Operations.  
Name of Club

Additionally, to respect, abide by and to enforce all decisions of the Corporation and to correctly identify itself in all advertising with respect to titles, affiliations, etc. I understand that failure to do so may result in an imposed penalty. No reproductions of the titles, word (s) or logos of USA Taekwondo or the United States Olympic Committee are permitted without the special written consent of the appropriate organization. Misuse of the names and symbols can be a violation of public law and USA Taekwondo bylaws.

The above mentioned club hereby submits this application for Club Membership with USA Taekwondo. Enclosed is one hundred and thirty-five dollars (\$135.00) for the annual dues for the 2009 membership year. I understand there must be 35 athlete/coach/referee members registered with my club in order to receive the free liability insurance through USA Taekwondo. I understand that the \$135.00 membership fee is nonrefundable and nontransferable.

Signature of Club Owner (Head Instructor) \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT OPTIONS - \$135 FEE

Money Order/Cashiers Check    Visa    MasterCard    Am Express    Discover

Total Amount    Credit Card    Security Code

Print Name of Cardholder    Exp Date    Zip Code

Signature of Cardholder    Date

**\*\*Please note that personal checks are not accepted and will be returned with application\*\***

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