



國際跆拳道聯盟香港地區總部  
INTERNATIONAL TAEKWON-DO FEDERATION HONG KONG

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**International Taekwon-Do Federation Hong Kong**  
**Application for Membership (Black Belt)**

Association Name \_\_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_ (English)

姓名 \_\_\_\_\_ (中文) Sex  Male  Female

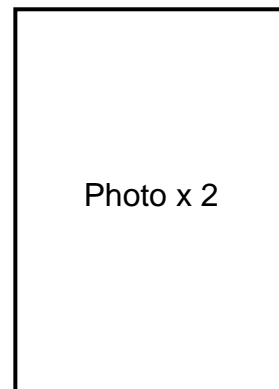
Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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

Present Dan Rank



Degree	Own Association	Others		Others	
	Dan Certificate	Dan Certificate		Dan Certificate	
	Date	Name	Issued Date	Name	Issued Date
I					
II					
III					
IV					
V					
VI					
VII					
VIII					
IX					

Please attach the copies of **ALL the Dan Certificates** of each different issued. 請附上所有段証副本各乙份。

**Association Chop**

Master's  
Signature \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**Personal Data Collection Statement:** The personal data provided on this form will be used by ITFHK for purposes relating to the processing of your affiliation only.