



세계합기도연맹
 The World Hapkido Federation
 P.O.BOX 15523
 LOS ANGELES, CA 90015
 Please print or type.

PLEASE
 ATTACH
 HEAD
 PHOTO
 HERE

Name _____
FIRST MIDDLE LAST

ADDRESS _____
STREET CITY STATE ZIP

Home Phone _____ Work Phone _____ Date of Birth _____ Sex _____

Name of Your Instructor & Rank MASTER DANIEL SNG 4TH DEGREE

Name of Your School & Address SUN HAPKIDO ACADEMY SINGAPORE
NO. 176. #03-176. TYRWHITT ROAD. SINGAPORE 207576

Martial Arts & Education experience _____

Your Rank issuing Organization SUN HAPKIDO ACADEMY SINGAPORE Occupation _____

PLEASE MARK AND SIGN WHAT IS NEEDED OF THE FOLLOWING:

INDIVIDUAL MEMBERSHIP APPLICATION
 Please accept application for Membership in The World Hapkido Federation.
 Applicant's Signature _____ Date _____

SCHOOL MEMBERSHIP APPLICATION
 Please accept application for School membership in The World Hapkido Federation.
 School Owner's Name _____ School phone _____
 Applicant's Signature _____ Date _____

GUP (COLOR BELT) CERTIFICATE APPLICATION
 Please accept application for Gup certificate in The World Hapkido Federation.
 Present Rank of Hapkido _____ Requested Rank of Hapkido _____
 Applicant's Signature _____ Date _____
 Applicant's Instructor Signature _____ Rank _____

DAN (BLACK BELT) CERTIFICATE APPLICATION
 Please accept application for DAN certificate in The World Hapkido Federation.
 Present Dan Rank of Hapkido _____ Requested Dan Rank of Hapkido _____
 Applicant's Signature _____ Date _____
 Applicant's Master Signature _____ **THREE PASSPORT PHOTOS**