

Tactical Hapkido Alliance

Individual Membership Application

Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Home Phone _____ Work Phone _____

Date of Birth _____ E-Mail _____

Occupation _____

Martial Arts Background

Art / Style _____ Rank _____

Name of School _____

Address _____ Phone _____

City _____ State _____ Zip _____ Country _____

Name of Instructor _____ Rank _____

Please accept my application for individual membership in the Tactical Hapkido Alliance. I have enclosed my membership fee of \$40.00 (lifetime)

Applicant Signature _____ Date _____

Please make check or money order to:

E.I.T.

4009 Main Street

Erie, PA 16511