



US Team Taekwon-Do School

Member of the International Taekwon-Do Federation (I.T.F)
Official National Governing Body for USA. (N.G.B)

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www.usteamtaekwon-do.com



US Team Taekwon-Do School Individual Membership Form

First & Middle Name _____ Last Name _____

Mailing Address _____

City _____ St. _____ Zip _____

Home Number _____ - _____ - _____ Alternate Number _____ - _____ - _____

Emergency Contact _____ (Relationship) _____ Ph _____ - _____ - _____

Date of Birth __/__/____

E-mail Address _____

Name of the school you attend _____ Grade _____

Parent/Guardian _____ Phone _____ - _____ - _____ Work Phone _____ - _____ - _____

Do you have experience in Martial Arts? No Yes If yes, explain _____

Do you have any physical limitations? No Yes If yes, explain _____

Guardian Signature if under 18 _____ Date ____/____/____