

2020 CLUB REGISTRATION APPLICATION FORM

Club Payments:

Club registration will be as per the yearly schedule of fees. Minimum Level One registration is required which is for a club of up to ten members. This includes Public Liability and Professional Indemnity insurance for the Club and Instructor. Membership period is from 1st January to 31st December.

Member Surname: **First Name/s:**

Date of Birth: / / **Age:** **Gender:** M F (Please circle)

Address:

Suburb: **State:** **Postcode:**

Contact Details: Home (.....) Work (.....) Mobile

Fax (.....) Email:@.....

Kukkiwon Rank & Number	Rank:	Number:
Kukkiwon Certificate Date of Issue		
Name and Rank of your Head Instructor	Name:	Rank:
Name of the Group or Club you belong to		
Name of the Club you own/operate		
Your Club Mailing Address (if different from above)		
Business Name & Registration Number	Name	Reg no.:

ALL your students must be registered with Australian Taekwondo (AT) each year (annually) by subscribing to the correct membership package for your club. All AT students must wear the AT badge on their Dobok

Would you please attach the following items to this application form:

1. Copy of current **Working With Children Check**/Police Check as per requirements of your residing State
2. One colour passport photo.
3. A copy of your Kukkiwon Dan Certificate.
4. A copy of your certificate of "Registration of Business Name" or any other business document associated with the administration of your club (business card, letterhead etc).
5. Cheque or direct deposit transfer receipt for Membership fee as per the membership schedule.
6. All Instructor applications by mail can be sent to: **Australian Taekwondo
PO Box 260, Moonah, TAS, 7009**
7. Email applications can be emailed to: **admin@austkd.com.au**
8. Please call the Administration Office for all queries: **1300 TKD AUS (1300 853 287)**

Upon payment of my membership fee I acknowledge that it is a condition of my membership of AT that I am required to comply with all rules, procedures and policies of AT including any resolutions and determinations made or passed By the Board or any duly authorised committee and I agree to do so fully understanding that my failure to do so may result in my membership of AT being discontinued.

Instructor Signature:

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Date:

Once your membership application has been accepted you will be advised how to pay the membership package fee.