



BLACK SWAN TAEKWONDO INC.

Application/Renewal for Club Membership - 2009

Name of Club: _____

Previous Black Swan Membership No: _____

Postal Address: _____

Phone no: _____ Mobile: _____

Email: _____ Fax: _____

Contact Person within club

Name: _____ Phone: _____

Address: _____

Email: _____ Mobile: _____ Fax: _____

Dan Level of Head Instructor: _____

Note: Head Instructors are required to supply photocopies of current dan certificates

Kukkiwon Level: _____ Number: _____ Date: _____

NCAS Level: _____ Referee Level: _____

Other Certification Details: _____

I hereby apply / renew to become a member of the above Association as an affiliated body or club and am authorised by such to do so. If this application is accepted, I agree _____ (insert name of Club/body) will be bound by the rules of the Association as set in the constitution of Black Swan Taekwondo Inc.

I authorise the information collected on this form to be used for the administration of the sport of Taekwondo in accordance with the objects of Black Swan Taekwondo Inc. and understand I may access this information by request. I understand the Club's name, image or likeness may be used by Black Swan Taekwondo Inc. for the purpose of promotion in any form of media including, but not limited to print, web, radio or television.

Membership period 1st May 2009 to 30th April 2010

For details and constitution refer: www.blackswan.org.au

Signature: _____ Date: _____

Position or title: _____

Cheque or money for \$30.00 to be made payable to "Black Swan Taekwondo Inc."
Please complete and return with your cheque or money order to:

**The Secretary
Black Swan Taekwondo Inc.
P.O. Box 209
Rockingham WA 6169**

Official Use Only Payment Received:	Payment Type:	Payment Date:	Received By:
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