



# BLACK SWAN TAEKWONDO INC.

Application/Renewal for Individual Membership - 2009

First Names: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone no: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_ Male / Female *please circle*

Previous Black Swan Taekwondo Inc. Membership No: \_\_\_\_\_

Name of Club (if any) \_\_\_\_\_

Name of Instructor (if any) \_\_\_\_\_

Belt / Grade / Degree: \_\_\_\_\_

Note: Black belts are required to supply photocopies of current dan certificates

Kukkiwon no: \_\_\_\_\_ Date: \_\_\_\_\_

NCAS Level: \_\_\_\_\_ Referee Level: \_\_\_\_\_

Other Certification Details: \_\_\_\_\_

I hereby apply / renew to become a member of the Black Swan Taekwondo Inc. If my application is accepted, I agree to 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 my name/my child'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](http://www.blackswan.org.au)**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note: Parent or guardian to sign for member under 18. Members under eighteen are not permitted to vote.**

**Please circle if relevant**      Aboriginal      Torres Strait Islander

Would you or your business like to support the Association as a Sponsor?

(Tick for yes) Contact Name & Number \_\_\_\_\_

Cheque or money order 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: |
|-------------------|---------------|---------------|--------------|