



**WORLD TANG SOO DO ASSOCIATION  
GREAT BRITAIN  
Tel / Fax 01480 451621**

**PLEASE** remember to attach Dan cards & photos. If applying for instructor's cert only, please fill in Dan renewal details also

**ANNUAL DAN MEMBERSHIP RENEWAL**

**Full name:** \_\_\_\_\_ **Tel:** \_\_\_\_\_  
Last First

**Address:** \_\_\_\_\_

**Club name:** \_\_\_\_\_ **Instructors name:** \_\_\_\_\_

**D.O.B.** \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female  (Please tick one)

**Assoc No.** \_\_\_\_\_ **Certified rank** \_\_\_\_\_ **Date of test** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Work PH #** \_\_\_\_\_ **Mobile** \_\_\_\_\_ **Fee paid** £   
(If any)

**Applicants signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**INSTRUCTOR CERTIFICATE APPLICANTS:** **New application**  Please tick  
(2 photos for NEW application's, 1 photo for Renewals)

Full club name & address	Full club name & address	Full club name & address
_____ _____ _____ Day _____ Time _____	_____ _____ _____ Day _____ Time _____	_____ _____ _____ Day _____ Time _____
Number of students <input type="text"/> <small>For insurance purposes</small>	Number of students <input type="text"/>	Number of students <input type="text"/>

**IMPORTANT.** Please ensure you send copies of the following:  
CRB Check  Instructors insurance  First Aid certificate

**Name of instructor who recommended you:** \_\_\_\_\_

Do you have the Assoc. flag, Union Jack & Korean flag displayed? Yes  No  Tick one

Are Grandmasters portrait & master instructors portrait displayed? Yes  No  Tick one

**Fee paid:** £  **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_