



ITF-USA

National Governing Body of the ITF in the USA



Individual Membership Application

(Please type)

2012

Yearly Fee **\$30.00**

Membership #: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Age: _____ Gender: M F

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Current Rank: _____ If Black, Degree: _____

ITF Number: _____

Date of Last Black Certificate: _____

Applicant's signature: _____ Date: _____

Color Belt Record	
Rank	Date
Green	
Blue	
Red	

Black Belt Record		
Rank	Date	ITF#
First		
Second		
Third		
Fourth		
Fifth		
Sixth		
Seventh		
Eighth		
Ninth		

Black belts, please update your information

School Information

Name of the School/Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School Phone: _____ Fax Number: _____ E-mail: _____

Head Instructor: _____ Rank: _____ ITF Plaque Certificate: _____

Membership Record (Only for ITF-USA use)

2007	_____	2012	_____	2017	_____
2008	_____	2013	_____	2018	_____
2009	_____	2014	_____	2019	_____
2010	_____	2015	_____	2020	_____
2011	_____	2016	_____	2021	_____