**Application for Membership**

**\*All applications MUST be submitted for approval by the Provincial Organization in which you are applying. If and once approved/the Provincial Organization will forward to the CTFI board of directors for final approval\***

**Date:**

 **(MM/DD/YYYY)**

**CONTACT INFORMATION**

**Applicant’s Full Name and Title:**

**Gender:** **[ ] Male** **[ ] Female Date of Birth:**

 **(MM/DD/YYYY)**

**Phone Numbers Including Area Code**

**Home:** **Work:** **Cellular:****Fax:**

**Email:**

**Current Mailing Address:**

 (Street Address and Box Number if applicable)

      |      |

(City) (Province) (Postal Code)

**CERTIFICATION AND TRAINING HISTORY**

**Applicant Current Rank:**

**Training and Certification History attached** **[ ]** *Please attach to this application form a list showing your rank, examination date and examiner for all Black Belt levels, including your current rank.*

**ORGANIZATION INFORMATION**

**Applying for:** **[ ]  Affiliation for Individual** **[ ]  Affiliation for Organization** *(Please fill out the following)*

**Name of Organization (school/group/body etc.):**

**Address of Organization Headquarters:**

 (Street Address and Box Number if applicable)

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(City) (Province) (Postal Code)

**Current Affiliation(s):**

**Current Number of Members:** **Current Number of Active Black Belts:**

**Please see next page 🡺**

***Please Note: responses to the following questions are a mandatory part of the application process.***

**Why do you or your organization want to be affiliated to the International Taekwon-Do Federation and the Canadian Taekwon-Do Federation International?**

**The ITF and the CTFI are service organizations dedicated to the development of ITF Taekwon-Do and to the development of member Instructors and their students. How will you contribute to the ITF and CTFI?**