



國際跆拳道聯盟香港地區總部  
INTERNATIONAL TAEKWON-DO FEDERATION HONG KONG

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**International Taekwon-Do Federation Hong Kong**

**Application for Membership (Association)**

**ASSOCIATION INFORMATION**

ASSOCIATION NAME: \_\_\_\_\_

ASSOCIATION NAME IN CHINESE (中文名稱): \_\_\_\_\_

ASSOCIATION ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**ASSOCIATION MASTER**

LAST NAME (姓): \_\_\_\_\_ FIRST NAME (名): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ (DAYTIME) \_\_\_\_\_ (EVENING)

FAX: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_

( Day / Month / Year )

OCCUPATION: \_\_\_\_\_ EDUCATION: \_\_\_\_\_

PRESENT DAN RANK: \_\_\_\_\_

PREVIOUS MASTER: \_\_\_\_\_

(please attach detail information of Association and Association Master)

ASSOCIATION CHOP: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Personal Data Collection Statement:** The personal data provided on this form will be used by ITFHK for purposes relating to the processing of your affiliation only.