



UNITED TANG SOO DO

Application for Gup Membership

FOR OFFICE USE ONLY	
Membership No.	_____
Date Received	_____
Region	_____
Exp. Date	_____

Name: _____

Address: _____

Telephone: (_____) _____ Alternate: (_____) _____

E-mail Address: _____

Sex: *Male* ___ *Female* ___ Date of Birth: ___ / ___ / _____

Current Rank: _____ Date Studies Began: _____

Instructor's Name: _____

School Name: _____

Applicant (or Parent/Guardian) Signature: _____

Print Name: _____ Date: ___ / ___ / _____

Mail To: Los Angeles County
United Tang Soo Do
5215 Bakman Ave.
North Hollywood, CA 91601

OR

San Diego County
United Tang Soo Do
7750 El Camino Real Ste. R
Carlsbad, CA 92009