



Picture # _____



AAU TAEKWONDO POOMSAE OFFICIAL CERTIFICATION APPLICATION FORM

If completing this form on your computer, use 'arrow keys' to navigate through application

Your Name
First Name (the name you go by) M Last Name

Address _____

City _____ State _____ Zip _____

Phone # _____ (If keying, enter only numbers --ie. 9991234567)

E-Mail Address _____

Date of Birth _____ Age _____ Sex _____ AAU District _____

Current AAU Membership # _____ **County** in which you reside _____
(not COUNTRY, but **COUNTY**)

Have you taken an AAU TKD Poomsae Officials Clinic within the last 2 yrs? _____ (If no, skip next line)

What is your classification? _____ What is your certification number? _____

Do you train in martial arts? _____ If so, what rank(s) do you hold? _____

What forms do you study? (Put an 'X' by all that apply) _____ WTF _____ ITF _____ TSD/MDK _____

Indicate any AAU-TKD office(s) you currently hold _____
Clinic Administrator _____ Regional Director _____ District Sports Director _____

M.A. School _____

Instructor _____

Please indicate the clinic you will be attending

Clinic Location _____ **Clinic Date** _____

Can be filled out by clinic administrator and used for receipt

Name _____ Fee Pd: \$70 _____ How Pd: _____ CK # _____

Signature / Initials of Clinic Administrator _____