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## Application for USTW Individual Membership

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### United States Taekwondo Won, Inc.

*A Non-Profit Organization Promoting Taekwondo in the United States of America*

3501 MacCorckle Ave. SE Suite 127, Charleston, WV 25304-1419  
Phone: (304) 539-3044  
Web: [www.ustw.org](http://www.ustw.org)

Full Name: \_\_\_\_\_ M / F  
Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Taekwondo Rank: \_\_\_\_\_ Gup / Dan  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
School/Club Name: Sheroan's Tae Kwon Do Academy, LLC. Phone: 270-737-2927  
School/Club Address: 1111 North Dixie Ave. Suite: 1  
City: Elizabethtown State: Kentucky Zip Code: 42701  
Head Instructor: Master Robert Sheroan State Association: Kentucky

**Membership Fee:**     \$30.00 for one (1) year                       \$55.00 for two (2) years  
\$ \_\_\_\_\_ Voluntary Tax-Deductible Donation

**Term of Membership:** Membership runs for 12 months from the date of application.

**Send To:** Please submit check or money order payable to the  
**United States Taekwondo Won** at the address shown above.

*The undersigned hereby agrees to abide by the Articles of Incorporation, Bylaws, and Rules and Regulations of the United States Taekwondo Won, Inc.*

Existing USTW Membership?    Y / N                      Year(s) of Membership: \_\_\_\_\_  
Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent/Guardian (if Minor): \_\_\_\_\_ Date: \_\_\_\_\_

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