



TRADITIONAL TANG SOO DO  
ASSOCIATION

APPLICATION FOR RENEWAL MEMBERSHIP TO THE TTSDA

ASSOCIATION No: \_\_\_\_\_

MR/MRS/MISS FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_

TEL No (inc code) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ OCCUPATION \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_ TEL No (inc code) \_\_\_\_\_

1. Do you suffer from any of the following (please tick)

DIABETES \_\_\_\_\_ MIGRAINE \_\_\_\_\_ EPILEPSY \_\_\_\_\_ NERVOUS DISORDER \_\_\_\_\_

HAEMOPHILIA \_\_\_\_\_ HEART DISEASE \_\_\_\_\_

RESPIRATORY PROBLEMS (e.g. asthma, hayfever, please detail) \_\_\_\_\_

2. Have you ever been convicted of a crime of violence?

YES/NO (IF YES, GIVE DETAILS) \_\_\_\_\_

DECLARATION FOR RENEWAL OF MEMBERSHIP

I \_\_\_\_\_, the undersigned, wish to apply for renewal of my membership in the Association. I hereby agree to abide by the rules and regulations of the Association. I also agree, that if accepted as a member for the ensuing year I shall be responsible for and shall release and indemnify the Association and its servants/agents from and against liabilities for personal injury, loss of or damage to property, and any other damages, costs, claims or expenses caused by me.  
SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE DON'T FORGET TO ENCLOSE YOUR MEMBERSHIP BOOK AND (A PHOTOGRAPH IF REQUIRED)**

FOR JUNIOR MEMBERS UNDER 18 YEARS

I \_\_\_\_\_, the undersigned hereby give consent for \_\_\_\_\_ to apply for renewal of membership in the Association. If his/her application is renewed, I shall be responsible for and shall release and indemnify the Association and its servants/agents from and against liabilities for personal injury, loss of or damage to property, and any other damages, costs, claims or expenses caused by him/her.  
SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

ASSOCIATION No \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**MEMBER FEE 15.00** (please make cheques payable to the TTSDA)

**FOR INSTRUCTORS USE (THIS EMBOLDED AREA MUST BE COMPLETED)**

**TYPE OF MEMBER (PLEASE RING) 1 2 3 4 4+ (PLEASE RING)**

**AMOUNT PAID \_\_\_\_\_ AMOUNT PASSED ON \_\_\_\_\_ CASH CHEQUE**

**DATE PAID \_\_\_\_/\_\_\_\_/\_\_\_\_ INSTRUCTORS NAME \_\_\_\_\_**

AMOUNT RECEIVED \_\_\_\_\_ DATE APPROVED/REJECTED \_\_\_\_/\_\_\_\_/\_\_\_\_