Atlantic-Pacific Tang Soo Do Federation

International Federation Headquarters P.O. Box 3225 Suwanee, Georgia 30024-0990 (678) 446-1183
www.atlantic-pacifictangsoodo.com

STUDIO CERTIFICATION APPLICATION

PLEASE Print or Type

Official Studio Name: _____

Studio Address: _____
Street address where instructions are held City

_____
State Postal Code Country

Studio Phone: _____ Studio Email: _____

Studio Website: _____

Instructor's Name: _____

Studio Mailing Address: _____
Street

_____
City State Zip Country

Instructor's Phone Number: _____ Cell Phone: _____

☐ Male ☐ Female Date of Birth: _____ Instructor's Email Address:: _____

The information that I have written on this application is accurate and correct. I, a certified member and representative of the above mentioned studio, in applying for studio certification of the Atlantic-Pacific Tang Soo Do Federation, do hereby certify that I will in good faith, uphold and abide by the rules, regulations and by-laws of the Federation. If approved by the Federation, I furthermore understand that violation of the rules, regulations and by-laws may constitute grounds for revocation of my Studio membership. The information that I have written on this application is accurate and correct. I submit my Studio Certification fee of $50.00 USD and understand that all transitions are final and no refund will be issued. After filling out the application, retain a copy in school files. Mail the original, signed application and fee to Atlantic-Pacific Tang Soo Do Federation, P.O. Box 3225 Suwanee Georgia 30024-0990. Make check or money order payable to APTSDF. Annual renewal dues for Studio Certification must be paid by the due date to avoid delinquency. A late fee of $10.00 USD per month will accrue on any annual renewal that is not paid on or prior to the expiration date.

Candidate's Signature: _____ Date: _____

Remarks:

Signature: _____ Date: _____

DAN Number: _____ Rank: _____ Fee Enclosed: _____
(Payable to APTSDF)