



KUKKIWON

WORLD TAEKWONDO HQ

2019 KUKKIWON AUSTRALIA PL & PI INSURANCE FOR CLUB OWNER

CLUB

CLUB NAME	
ABN / ACN	
ADDRESS	
MEMBER	TOTAL _____ MEMBERS (_____ ADULTS AND _____ CHILDREN)

HEAD INSTRUCTOR

NAME			
DOB	DD/MM/YYYY	MOBILE	
EMAIL			

QUALIFICATION

KUKKIWON RANK	DAN	DATE OF ISSUE	DD/MM/YYYY
CERTIFICATE NUMBER			
OTHER TYPE	Please specify types, rank and certificate issue.		
WWCC number			

- Note: Taekwondo, Hapkido, Gumdo and BJJ can be included only if specified.

INSURANCE PACKAGE EARLY BIRD BY 30/11/2018 THEN INCREASE TO NORMAL YEARLY PRICE

<input type="checkbox"/> 1	1-100 MEMBERS	\$400 / \$500
<input type="checkbox"/> 2	101-200 MEMBERS	\$800 / \$1,000
<input type="checkbox"/> 3	201-300 MEMBERS	\$1,200 / \$1,500

EFT PAYMENT

RECEIPT NUMBER	*	KUKKIWON AUSTRALIA	COMMONWEALTH BANK
BSB	062 347	ACCOUNT	1075 3789

DECLARATION

Do you have or have you had any criminal charges for assault etc. or anything that could bring Taekwondo into disrepute? (YES / NO) if YES, explain in separate sheet.

I _____, hereby wish to apply for membership of Kukkiwon Australia and acknowledge that I do so of my own free will or that I am authorized on behalf of the above-named club or organization to do so. I acknowledged that in applying to be a member of Kukkiwon Australia. I / the club or organization is subject to the Statement of purposes and Rules of Kukkiwon Australia and its policies, regulations and by-laws. I declare that the information I have supplied in this application is true and correct. I have enclosed payment via EFT for membership to Kukkiwon Australia insurance package.

NOTE: All membership applications are subject to review and approve by the Kukkiwon Australia

SIGNATURE _____ DATE _____

NAME _____

KUKKIWON AUSTRALIA

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