



HAPKIDO CENTER

Korean Royal Martial Arts : World Hapkido Association

41 Mountain Blvd.

Warren, NJ 07059

Tel. 908-791-2922 .Cell 908-917-7214

www.thehapkidocenter.com

Certificate Application

First Name : _____ Last Name : _____

Date of Birth (mm/date/year) : _____ Sex : _____

Street : _____ City : _____ State : _____

Zip : _____ Home Tel : _____ Work Tel : _____

Email: _____

Current Master's name and rank : _____

Organization's name : _____

Do Jhang's address : _____

Telephone : _____ Your current rank : _____

Please describe and list information regarding all of your Hapkido background:

Please accept my application for a Certificate of World Hapkido Association (check all that apply):

Membership () Black Belt Certificate () Instructor Certificate ()

The Black Belt Certificate requires 3 passport sized photos along with the test fee : \$ _____

Applicant's Signature: _____ Date: _____