



Central Taekwondo Association
1550 RITCHIE ROAD
STOW, OHIO 44224

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www.centraltaekwondo.us

Dojang Application

Central Taekwondo Association Dojang Membership Application

Applicant Information

Name of Dojang: _____

Style, Kwon, or Other Affiliation: _____

Email address: _____

Website: _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ - _____ Country _____

Email address: _____

Dojang Information

Date Dojang Formed: ____/____/____

Number of Active Students: Adult: _____ Junionr/Youth: _____ (under 16)

Number of Active Black Belts: Adult: _____ Junionr/Youth: _____ (under 16)

Total Number of Black Belts Promoted: Adult: _____ Junionr/Youth: _____ (under 16)

Chief Instructor _____

Chief Instructor's Certifications and Credentials: _____

Owner _____

The above information is true and accurate and I base the dojang membership on the information as provided.

Chief Instructor/Owner Signature: _____

Date of Application: ____/____/____

Amount Paid \$ _____

