



Picture # \_\_\_\_\_



# AAU TAEKWONDO OFFICIAL CERTIFICATION APPLICATION FORM

I took the current online coaches clinic  Completion date of clinic \_\_\_\_\_

If you cannot show proof of taking the online clinic, you must pay the \$35 clinic fee for this clinic

Your Name     
*First Name (the name you go by) M Last Name*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ (If keying, enter only numbers --ie. 9991234567)

E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ AAU District \_\_\_\_\_

**Current** AAU Membership # \_\_\_\_\_ **County** in which you reside \_\_\_\_\_  
(not COUNTRY, but **COUNTY**)

Have you taken an AAU **Official's clinic** within the last 5 yrs? \_\_\_\_\_ (If no, skip next line)

What is your classification? \_\_\_\_\_ What is your certification number? \_\_\_\_\_

Do you train in martial arts? \_\_\_\_\_ If so, what rank(s) do you hold? \_\_\_\_\_

What forms do you study? (Put an 'X' by all that apply) \_\_\_\_\_ WTF \_\_\_\_\_ ITF \_\_\_\_\_ TSD/MDK

Indicate any AAU-TKD office(s) you currently hold \_\_\_\_\_  
Clinic Administrator \_\_\_\_\_ Regional Director \_\_\_\_\_ District Sports Director \_\_\_\_\_

M.A. School \_\_\_\_\_

Instructor \_\_\_\_\_

### Please indicate the clinic you will be attending

Clinic Location \_\_\_\_\_ Clinic Date \_\_\_\_\_

Name \_\_\_\_\_ Fee Pd: \$35 \_\_\_\_\_ How Pd: \_\_\_\_\_ CK # \_\_\_\_\_

Signature / Initials of Clinic Administrator \_\_\_\_\_