



# WORLD KI GONG CLUB

Director  
Jae C. Shin  
709 Oregon Ave  
Philadelphia, PA 19148  
215-468-2121  
wtsda@aol.com

Chief Administrative Officer  
Dr. Tim Schroeder  
P.O. Box 7526  
Tahoe City, CA 96145  
530-583-7475  
drtim@balancedoctor.com



**KI GONG**  
Builds Healing Power.

Official Use Only

Membership No.	_____
Region	_____
Expiration Date	_____
Other	_____

## MEMBERSHIP APPLICATION

PLEASE PRINT

Name \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First Initial Month Day Year

Address \_\_\_\_\_  
No. Street City  
State Zip Code Country

Tel. No. (\_\_\_\_) \_\_\_\_\_  Male  Female Email Address: \_\_\_\_\_

Membership Status For WTSDA member: Membership No. \_\_\_\_\_  Gup  Dan Rank \_\_\_\_\_

For Non-WTSDA member: Relationship with Member \_\_\_\_\_  
Relationship Member Name

List any health challenges that you wish to improve:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, have voluntarily registered to the World Ki Gong Club. I hereby waive all claims against the World Ki Gong Club, The World Tang Soo Do Association, their officers and assignees for any injuries or damages the applicant may sustain. I will assume full responsibility for all training courses. I will obey all rules and regulations and read the required training manuals.

Date \_\_\_\_\_ Applicant \_\_\_\_\_  
Signature

Fee enclosed  \$100 Lifetime  \$10 Annual  
(Check One)

School Recommendation:

I recommend the above applicant for membership in the World Ki Gong Club.

Name of School \_\_\_\_\_  
Chief Instructor \_\_\_\_\_  
Signature

\* After filling out the application, retain the duplicate copy in school files.

The original and the fee should be sent to: The World Ki Gong Club, PO Box 7526 Tahoe City, CA 96145.

Make check or money order payable to: World Ki Gong Club