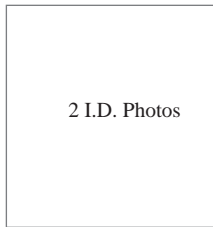




USAT Martial Arts Commission (MAC)
COMMISSIONER REGISTRATION FORM
 Headquarters: 1349 Brice Rd. Reynoldsburg, Ohio 43068
 (614) 864.0044 (O), (614) 864.4146 (Fax)
 e-mail: info@usatmac.com



Name (Last Name First): _____ Birth: ____/____/____ Gender: M ___ F ___

School Name/Your work if you are special council : _____

Your Title/Occupation if you are special council: _____

Mailing Address: _____ City _____ State _____ Zip _____

Phone: School/Work: _____ Fax: _____ Cell: _____

E-mail _____ Website _____

Date you began Taekwondo/Martial Arts Training: ____/____/____ Name of Instructor: _____

Name of School: _____ Location (City/Country) _____

Present Kukkiwon Rank: _____ Dan Certificate # _____ Certification Date ____/____/____

USA Taekwondo Rank: _____ Dan Certificate # _____ Certification Date ____/____/____

Rank from other organization _____ Dan Certif. # _____ Certification Date ____/____/____

Name of organization issued your rank: _____

Organizations you are belong to now other than USAT): _____

_____ I would like to become a commissioner. I am recommended by Commissioner:

1) Name _____ Rank / Profession _____ Phone #: _____

2) Name _____ Rank / Profession _____ Phone #: _____

I would like to recommend following person as a commissioner (4th dan & higher with successful leadership or professional who may contribute Commission to fulfill its mission. High moral standard is required (Professors / Lawyer / Marketing / Doctors / Fund Rasing / Events Organizing ...)

Name: _____ Rank/Profession _____

Address: _____

Phone: _____ E-mail: _____ Web: _____

* All commissioners should submit a resume with this form (Martial Arts activities / Other career / Community services etc..)

USAT Martial Arts Commissioner's Privileges:

1. Highest official recognition from USAT the national governing body and Grandmasters Supreme Council.
2. Recommendation to a recipient of USATMAC Hall of Honor.
3. Invitation to USAT & Commission's events including State, Regional, National events with VIP guest status.
4. Participate & lead in Education, Rank Promotion, Instructor training and DoJang operation seminars & certification.

Commissioner's Responsibilities:

1. USAT Individual Membership (Current year): If yes, Member # _____ Lifetime ___ Individual (Competitor ___ Referee ___ Coach ___ Other ___) If not, register same time with this application.
2. USAT Club Member (Yearly basis) If yes, School/club # _____ If not, register same time with this application.
3. 35 registered members from your school (Athletes/Coach/Referee) will qualify your school a insurance coverages & official representation for USAT).
4. Participate in official events as a Commissioner to advise, support and lead official USATMAC events.

Your Signature _____ Date _____

Office use only: Form Rcvd. ____/____/____ Copy sent to USAT ____/____/____ Pictures ___ Computer ___ E- certificate ___ Plaque ___ Certificate ___