



## INTERNATIONAL SUNGJA-DO ASSOCIATION

International Headquarters  
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ISA I.D. #: \_\_\_\_\_ Date of Birth \_\_\_\_\_

### AFFILIATE ASSOCIATION/FEDERATION CERTIFICATION APPLICATION

#### GRANDMASTER/MASTER INFORMATION

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
(MI) \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_  
Age: \_\_\_\_\_

Martial Arts History: Date Started: \_\_\_\_\_  
Style: \_\_\_\_\_  
Other Styles Ranked in: \_\_\_\_\_

#### NAME OF YOUR ASSOCIATION/FEDERATION:

\_\_\_\_\_

#### ADDRESS OF HEADQUARTERS:

(Street Address 1) \_\_\_\_\_  
(Street Address 2) \_\_\_\_\_  
(City) \_\_\_\_\_  
(State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
(Country) \_\_\_\_\_ (Telephone) \_\_\_\_\_

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

YOU MUST BE AN **ISA MEMBER** AND HAVE YOUR RANK CERTIFIED WITH THE **ISA**, BEFORE APPLYING FOR AFFILIATE CERTIFICATION! THIS APPLICATION MUST HAVE YOUR **ISA MEMBER ID NUMBER** ON IT! Print this application and fill out. Send a FEE of **\$150.00** for your AFFILIATE certificate.

Make Business/Personal Checks or Money Orders payable to:

**ISA MARTIAL ARTS**

MAIL TO:

Dr. GEORGE PETROTTA

137 Timberlake Dr.

Florence, SC 29501 USA