



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