

# INTERNATIONAL SUNGJA-DO ASSOCIATION

*International Headquarters*

137 Timberlake Dr., FLORENCE, SC 29501 USA

Telephone: 1-843-968-8178

ISA I.D. #: \_\_\_\_\_

Date of Birth \_\_\_\_\_

## RANK CERTIFICATION APPLICATION

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

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

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

Martial Arts History: Date Started: \_\_\_\_\_ Style: \_\_\_\_\_

Your Present Rank and Style: \_\_\_\_\_ Date Received: \_\_\_\_\_

RANK YOU ARE APPLYING FOR: \_\_\_\_\_ COLOR OF BELT: \_\_\_\_\_

Instructor's Name and Rank: \_\_\_\_\_

Organization Issuing Rank: \_\_\_\_\_

Name of School Attending: \_\_\_\_\_

Own  Teach  Student  
(Check Appropriate Box / Boxes)

**RANK CERTIFICATION: (will receive Rank Certificate)(check one)**

Color Belt: (8<sup>th</sup> Grade to 1<sup>st</sup> Grade)

Black Belt: (1<sup>st</sup> Degree to 7<sup>th</sup> Degree)

I hereby make application for the above name Individual's rank certification, in the International SungjaDo Association. I have taken a written and/or physical exam for this Rank. I accept all conditions and responsibilities for the above Rank. I sincerely pledge to obey all rules and regulations, which are set up for the purpose of keeping order of the Association and for the protection of students from injury.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_ Instructor's Signature \_\_\_\_\_

Print this application and fill out. Send the appropriate FEE for your RANK certificate to ISA Headquarters!

Make Business / Personal Checks or Money Orders payable to: **ISA MARTIAL ARTS**

