



APPLICATION FOR INSTRUCTOR'S CERTIFICATE

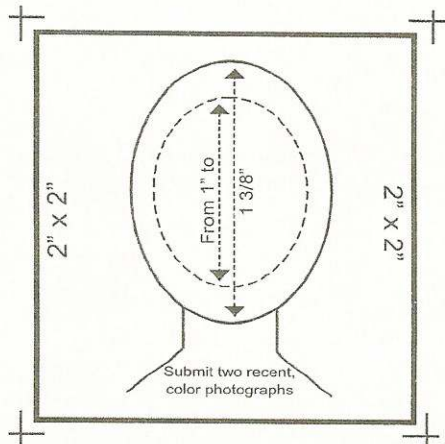
PLEASE TYPE, PRINT OR WRITE LEGIBLY:

Applicant's full name: _____ ACTA# _____

Mailing Address: _____

City _____ State _____ Zip _____ Phone _____

E-mail address: _____



Instructor's Certificate
\$350.00
Payments Must accompany this form.

- Recommendation and this packet must be submitted by Chief Instructor
- Submit Instructor's agreement.
- Submit a 2 page essay on why I would like to become an Instructor for the ACTA.
- Submit two recent, color photographs with this application

Regional Branch _____	Birth date: _____
Age: _____ Sex: _____ Height: _____ Weight: _____ Uniform size: _____ Belt Size: _____	
Rank: _____	Date made rank: _____

PLEDGE

I do hereby pledge as an Instructor of the American Chung Do Kwan Tae Kwon Do Association, I will honor and uphold the rules and regulation governing this Instructor's Certification and will follow and cherish the principles of ACTA and Kim's Academy of Tae Kwon Do.

Signature of

Date

Signature of Parent or Guardian (if under 18 yrs)

Approved by Immediate Instructor

Approved by Chief Instructor _____