

Taekwondo Australia Limited

ACN 139 237 522



2012 SUPPORTER REGISTRATION FORM

(Please Print Clearly)

Member Surname: First Name/s:

Date of Birth: / / Age: Gender: M F (Please circle)

Address:

Suburb: State: Postcode:

Contact Details: Home (.....) Work (.....)

Mobile Fax (.....)

Email:@.....

Occupation:

Name of your associated Club: (if applicable)

\$20 - Passport photo required

Please return this form together with the correct fee to:

Taekwondo Australia Ltd

Admin Manager

PO Box 260

Moonah TAS 7009