# United States Hapkido Federation
# School Membership Roster

**School Name:**
Street Address:
City, State, Zip Code:

**Head Instructor/Owner:**
**BOG Representative/Voting Delegate:**

**Remember that School Membership Dues are collected each October.**

| Name | Current Rank (Kup/Dan) | USHF Membership (Paid, Unpaid, Life) | Membership Expiration (Spring or Fall) | Email (REQUIRED, if available) | Phone | Address | City/State/Zip |
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