



# Member Info Form

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**STUDENT #** \_\_\_\_\_ (Leave blank. To be assigned by IDSC-WHQ)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE# HM- ( ) \_\_\_\_\_ WK- ( ) \_\_\_\_\_

OTHER- ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DOB \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

NATIONALITY \_\_\_\_\_ OCCUPATION \_\_\_\_\_

SCHOOL/BRANCH: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

PROGRAM \_\_\_\_\_ STATUS \_\_\_\_\_

Today's DATE \_\_\_\_\_ PASS PORT \_\_\_\_\_ EXT: \_\_\_\_\_ EXT: \_\_\_\_\_

EXT: \_\_\_\_\_ EXT: \_\_\_\_\_ EXT: \_\_\_\_\_ EXT: \_\_\_\_\_ EXT: \_\_\_\_\_ EXT: \_\_\_\_\_

CURRENT RANK \_\_\_\_\_

PREVIOUS TRAINING \_\_\_\_\_

TRAINING REASON / GOALS \_\_\_\_\_

COMMENTS - \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*\* RANK TESTS \*\*\*\***

(Leave blank. To be filled out by IDSC-WHQ)

WHITE	GREEN	BROWN
YELLOW	BLUE	RED
ORANGE	PURPLE	DAN BO