



## SINGAPORE TAEKWONDO FEDERATION

### MEMBERSHIP APPLICATION FORM

Ordinary Affiliate

Associate Affiliate

Name of Club			
Address			
Telephone No		Fax No	
Date of Formation			
*Date of Registration (ROS or ROCB)			
Registration No			
No of Members			

Name of President			
Address			
Email Address			
Telephone No	(Mobile)	(Office)	
Name of Secretary			
Address			
Email Address			
Telephone No	(Mobile)	(Office)	

Name of Coach			
Address			
Email Address			
Telephone No	(Mobile)	(Office)	
*Grade	dan	Date Obtained	
*NCAP/Coach Level		Date Obtained	
*Poomsae Coach Level		Date Obtained	

*\*Please attach a copy of the relevant documents.*

Training Ground			
Address			
Telephone No		Fax No	
No of Training Sessions Per Week			
Training Days			
Training Times			

Mailing Address	
-----------------	--

I, _____, certify that the information provided by me in this application form are true and correct to the best of my belief and knowledge.		
Name		
Signature		
Date		

<u>For Official Use Only</u>			
To _____			
Your application for affiliation to the Singapore Taekwondo Federation is approved / not approved subject to the payment of the affiliation fee for _____.			
Signature		Date	

***All cheques must be crossed and made payable to the  
"SINGAPORE TAEKWONDO FEDERATION"***