



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

Name of Instructor			
Address			
Telephone No	(Mobile)	(Office)	
*Grade	dan	Date Obtained	
*NCAP/Coaching 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		Official Stamp
Designation		
Signature & Date		

NOTE : The affiliation fee for Ordinary Membership is S\$50.00 per annum.

<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 prorated affiliation fee of _____ for _____.	
Signature	Date