

SINGAPORE TAEKWONDO FEDERATION

MEMBERSHIP APPLICATION

(April 2025)

Applicant may submit the membership application online via email to sktdf@mail.com or in persons at Singapore Taekwondo Federation (STF) Office, 7 Bedok North Street 2, Singapore 469646 during office hours.

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Please refer to and read the following documents which are on STF website before proceeding to apply for STF *Full Member/Associate Member:

STF Membership Policy (https://www.stf.sg/reference-documents/singapore-taekwondo-federation-stf-membership-policy/)

STF Constitution (https://www.stf.sg/stf-constitution/stf-constitution-june-2022/)

*Please tick the application: Full Member Associate Member Please attach the following supporting documents for the membership application.

Accounting and Corporate Regulatory Authority (ACRA)/Registry of Society (ROS)/Registry of Companies and Businesses (ROCB)

1.	Accounting and Corporate Regulatory Authority (ACRA)/Registry of Society (ROS)/Registry of Companies and Businesses (ROCB)
2.	STF 4 th Dan & above
2.	STI + Dan & doove
3.	SG-Coach Level 1 or equivalent (e.g. NCAP Level 1 Full Certificate)
4.	Poomsae Coach Level 1
5.	Valid First Aid Certificate
6.	Recommendation document (letter/email) from current STF Full Member for application as a Full Member
7.	Approval of Training Ground Permit/Letter
8.	NROC Certification [Head Coach(es) must be registered with National Registry of Coaches (NROC)]

Forms received on	[DD/MM/YYYY] [OFFICIA	L USE

Information about Club & Training							
Name of Club							
Address							
Telephone No.							
Date of Formation							
Date of Registration							
(ACRA/ROS/ROCB)							
UEN No.							
No. of Members							
Training Ground							
Address							
Telephone No.							
No. of Training							
Sessions Per Week							
Training Day(s)							
Training Time(s)							
Recommendation by ST	TE Full Mombou						
	r run Member						
Name of Club							
Information about the l	Key Office Bearers & Coach						
Name of President							
Address							
Email Address							
Telephone No.	(Mobile)	(Office)					
Name of Secretary							
Address							
Email Address							
Telephone No.	(Mobile)	(Office)					

Name of Head Coacl	h			
Address				
Email Address				
Telephone No.		(Mobile)		(Office)
STF Dan			Date Obtained	
Kukkiwon Dan, if ar	ny		Date Obtained	
SG-Coach Level 1/ NCAP Coach Level	1		Date Obtained	
Poomsae Coach Lev	el		Date Obtained	
First Aid Certificate [Date obtained]			Date of Expiry	
NROC Certification	*Registered Coach	*Registered Senior Coach	*Registered Master Coach	Date of Expiry
Submitted by				
Submitted by				
Name of Club				
Name of Applicant				
Designation				
Date of Application				
Signature				
For official Use				
Appr	oved		Not Approved	
Date of Approval		Reason(s)		