



International Taekwon-Do Federation I.T.F.

국제 태권도련맹

REQUISITION FOR AFFILIATION

To: **President of International Taekwon-Do Federation**

From:

1. Details of Representative Organisation:

Name of Organization: _____

Organizational structure and addresses:

(Name and Email of Vice-representative, Secretary General, Secretary)

2. Details of representative of the organization

Name: _____ DOB: _____ Sex: _____

Email: _____ Tel.: _____

Address: _____

Date and Name of its affiliated organization

3. Address of Organisation:

Email: _____ Tel.: _____

Address: _____

Website: _____

4. Legal registration status in its mandatory territory

5. Number of students:

1Dan: _____ 2Dan: _____ 3Dan: _____ 4Dan: _____ 5Dan: _____ 6Dan: _____ Color Belt: _____

5. Representatives (of Dojangs or clubs) under Organisation:

1) 1st Club

- Name of club: _____
- Address of club: _____
- Number of Club students:
Color Belt: 1st Dan: 2 Dan: 3 Dan: 4 Dan: 5 Dan: 6 Dan: 7 Dan: _____
- Name / Birthday / Dan number of Club leader:

2) 2nd Club

- Name of club: _____
- Address of club: _____
- Number of Club students:
Color Belt: 1st Dan: 2 Dan: 3 Dan: 4 Dan: 5 Dan: 6 Dan: 7 Dan: _____
- Name / Birthday / Dan number of Club leader

3) 3rd Club

- Name of club: _____
- Address of club: _____
- Number of Club students:
Color Belt: 1st Dan: 2 Dan: 3 Dan: 4 Dan: 5 Dan: 6 Dan: 7 Dan: _____
- Name / Birthday / Dan number of Club leader

I hereby in the name of the above organisation submit this application to affiliate to the International Taekwon-Do Federation, pledging to observe ITF Constitution and By-Laws, its regulations, which I have read and understood.

_____/_____
President of Taekwon-Do Organisation (Full name in block capitals) (signature)

(Place)

(Date)