

UK TAEKWONDO DEVELOPMENT COUNCIL (WTF Style)

APPLICATION FOR CLUB AFFILIATION

THE INFORMATION GIVEN ON THIS FORM IS USED TO COMPILE THE UKTDC MAILING LIST AND THE CLUB DIRECTORY FOR ADVERTISEMENT PURPOSES.

To be completed by the INSTRUCTOR or SECRETARY in BLOCK CAPITALS.

Name of Club: . . .

Club Address: . . .

Post Code:

Approx no of Students with current licence:

Instructor: Dan

UKTDC Membership No: M

Tel No. (Ins): . . .

Secretary:

UKTDC Membership No: M

Tel No. (Sec): . . .

Mailing Address:

Tick one box
Ins Sec

Post Code:

Training Days & Times

Assistant Instructors

Dan

Dan

Dan

Please accept my application to register the above club as a member of the UKTDC.

My members and I agree to comply with the rules and regulations of the UKTDC.

Name:

Signature:

Dated:



Instructors renewing their Club Affiliation should complete this box.

Previous Membership Category:

Certificate No: C

Club Membership No: CMN

Expiry Date:

Category of Club Membership

Full £

Associate £

Please use this space for any queries