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| 1. **MEMBER NAITONAL ASSOCIATION INFORMATION**
 |
| Country Name: |  |
| Name of National Association: |  |
| Name of President: |  |
| Postal Address: |  |
| Contact Number: |  |
| Office Email: |  |
| 1. **PERIOD REQUESTED**
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| *Note: The term of period (short-term/mid-term/long-term) of this program will be determined by WT depends on the level of your MNA.* |
| ***Short-term (1-3 months)*** | ***Mid-term (3-6 months)*** | ***Long-term (6-12 months)*** |
| [ ]  | [ ]  | [ ]  |
| 1. **AUTHORIZATION**
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| Signature of President |  | MNA Stamp |  |
| 1. **Requirements**
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| Please submit the completed form to Member Relations & Development Department. Upon review the application, your MNA will be notified if WT has selected your association for this program. |
| 1. **Qualification**
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1. MNAs which have small Taekwondo population (GMS, Kukkiwon Dan, etc)
2. MNAs with WT annual membership fee of US$300
3. MNAs which is exempted from GMS fee

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| 1. **SUBMISSION**
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| Please send this form back to the WT Member Relations & Development Dept. Email: member@worldtaekwondo.org  |