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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** | | | | | | |
| *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** | | | | | | |
| Signature of President |  | | MNA Stamp | |  | |
| 1. **Requirements** | | | | | | |
| 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** | | | | | | |

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** | |
| Please send this form back to the WT Member Relations & Development Dept.  Email: [member@worldtaekwondo.org](mailto:member@worldtaekwondo.org) |