Annexure-I Application for affiliation with District Taekwondo Association

To The President/ Secretary, Universal Taekwondo Institute.

Sub: Affiliation

Sir,

Our Club / Institution is desirous of having affiliation with the Universal Taekwondo Association.

2. The details of our club / Institution are as under:

1.1 1	Name of the Club / Institution
1.2 /	Address
-	
-	
2.3	Phone:
2.4	Fax:
2.5	E-Mail
2.6	Contact Person:
2.7	Qualification (Taekwondo) : Dan Black Belt .
2.8	Kukkiwon Certificate No :
anking Yours since	
ignature) the Princi	(Seal) pal/Administrator of the Applicant Institution/Club
ıll Name	: Date :

Full Name : Designation :

Date : Place :