

Number: (ITF USE UNLY)				

## INTERNATIONAL TAEKWON-DO FEDERATION®

## APPLICATION FOR INO/ISD STATUS

NAME OF ORGANISATION:					
ADDRESS:		APPLICATION	DETAILS: (TICK AS APPROP	RIATE)	
BUILDING		INO	INO or ISD		
STREET		Number of Doja	ngs		
		Number of Mem	bers		
CITY		Number of Black	Belt Holders		
STATE					
ZIP		FIRST APPLICA	ATION or RENEWAL		
COUNTRY					
		RENEWALS ON	NLY:		
PRESIDENT		CURRENT INO	ISD No.		
SECRETARY					
EMAIL ADDRESS		FEE ENCLOSE	D	\$	
WEBSITE		PLEASE REFE	PLEASE REFER TO HEAD OFFICE FOR CURRENT FEES		
TELEPHONE			Please note that details of your registration status and contact details will be available online at http://www.itf-administration.com.		
FAX					
I confirm that I am authorised by the above named organisation to apply for INO/ISD registration with the ITF. If accepted as a registered organisation, I further agree to be bound by the rules, regulations & constitution of the ITF.					
FULL NAME		POSITION			
SIGNATURE		DATE			