



2021 AFFILIATE APPLICATION FORM

Affiliate Membership Fees and Payments:

Affiliate organisation memberships payments will be considered by the Board on a case by case basis. Fees will be set commensurate with the size and scope of the organisation applying for Affiliate membership under clause 5.5 of the AT Constitution.

Organisation Name:

Organisation ABN:

Business Address:

Suburb: State: Postcode:

Contact Details: Business (.....) Mobile

Fax (.....) Email:@.....

Organisation Office Bearers

Full Name	Position	Phone	Email
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Scope of Organisation Member Clubs/Branches

Club Name (Branch)	ABN (if applicable)	Instructor
.....
.....
.....
.....
.....
.....
.....
.....

Please complete details on page two for each instructor. Please supply all required documentation for each Instructor with your application. The complete scope of your organisation must be declared as part of this application process. Affiliate Membership coverage will not extend to any Instructor or Branch that has not been declared as part of this application. Failure to fully declare the complete operation of your organisation may result in your application being rejected. Affiliate Membership Applications must be accompanied with all documentation as required by the AT Constitution.

Please Note: ALL students from all member clubs must be registered with Australian Taekwondo (AT) each year (annually). All AT students must wear the AT badge on their Dobok



Affiliate Membership Application – Accompanying Documentation

Please supply a copy of this form duly completed for all Instructors to be covered under the scope of this Affiliate Membership application. All required documentation for each Instructor must be forwarded with the application. Affiliate Membership coverage will not extend to any Instructor or Branch Club that have not been declared as part of this application.

Club Branch and Instructor Details.

Club/Branch Name:

Business Name:ABN Number:

Instructor Details

Surname: First Name/s:

Kukkiwon Rank: Kukkiwon Number: Kukkiwon Issue Date:

Date of Birth: / / Age: Gender: M F (Please circle)

Address:

Suburb: State: Postcode:

Contact Details: Home (.....) Work (.....) Mobile

Fax (.....) Email:@.....

ALL your students must be registered with Australian Taekwondo (AT) each year. All AT students must wear the AT badge on their Dobok

Please attach the following items to this application form:

1. Copy of current **Working With Children Check**/Police Check as per requirements of your residing State
2. One colour passport photo.
3. A copy of your Kukkiwon Dan Certificate.
4. A copy of your certificate of "Registration of Business Name" or any other business document associated with the administration of your club (business card, letterhead etc).

Upon membership application, I acknowledge that it is a condition of my membership of AT that I am required to comply with all rules, procedures and policies of AT including any resolutions and determinations made or passed By the Board or any duly authorised committee and I agree to do so fully understanding that my failure to do so may result in my membership of AT being discontinued.

Instructor Signature:

.....

Date: