WTA AFFILIATED SCHOOL APPLICATION

elect the membership type for your school.	GOLD SILVE	R
vant School's General Liability Coverage (Application attached)		
vant Student Accident Insurance for my students		
No WTA Insurance (Please submit a Certificate of Insurance from your current policy as part of this application.)		
School Name:	Date School Opened:	Full Time Part Time
Physical Address:		Lease Own Club
Mailing Address: same as above		Active Student Count:
School Phone Number: E-mail Address:	Chief Instructor's Nar	ne & Rank
Financial Contact Person & Email (if different from School Owners):	School Web Page:	
I would prefer that you send most notices and information via	■ e-mail or ■regular mail.	
School Owner's Name(s):	School Owner's Phone	Number:
	al Security #: LLP Partnership Sol	e Proprietor
I agree to submit the appropriate WTA Student Membership Form for signatures.	or my students including al	I required
Have you or any of your staff been:		
A. Convicted of a felony?		
B. Convicted of sexual misconduct?		
C. Denied membership in any other martial arts organization Please attach a list of martial arts organizations with		nffiliated.
I give the WTA my permission to do a criminal background check.	Yes	No
I have read and agree to abide by the terms and conditions of the WT Youth Protection Guide and Policy Guide and all provisions contained the	A Code of Ethics, WTA Scho	ool Owner's Manual,
Your Instructor's Name, Rank & Address:		
By signing below, I affirm that all information stated above is completerms and conditions set forth by the World Taekwon-Do Alliance.	ete and accurate and I agre	ee to abide by the