Saskatchewan WTF Tae Kwon Do Assoc. inc. Board of Directors **Nomination Form**

I,	recognizing	the conditions and responsibilities
hereby agree	to let my name stand for nomination t	to the Board of the Saskatchewan WTF
Tae Kwon Do		
I wish to let r	my name stand for the position(s) of:	
		President
		Vice President
		Secretary
		Treasurer
		Director
Name of nom	ninea.	
Address:	ninee:City:	
Postal Code:	Phone:	Fax:
Current Tae I	Kwon Do School	
Nominator:		
Address:	City:	
Postal Code:	Phone:	Fax:
Engionity:	All nominees must be a member in Sask. WTF Tae Kwon Do Assoc. Constitutional is available from the	constitution. A copy of this
Date:	Signatures: Nominee: Instructor:	
Please com	plete a short biograpy of the n	ominee.
Occupation:		
Present invol	vement in Sask. WTF Tae Kwon Do	
Past 12 Mont	hs	

Past 5 Years