

**WAMT MEMBER APPLICATION**

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| **Type of membership:** | 1. Individual
2. Team/Club
3. Federation
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| **Name of the individual/Team/Federation** |  |
| **Email address** |  |
| **Name of person in charge** |  |
| **Country** |  |
| **City** |  |
| **Website (if applicable)** |  |

\*Send the filled out application form to the email wamtmajorettes@gmail.com