



INWA APPLICATION FORM FOR NATIONAL COACH

Name of Applicant:
Address:
Postal Code + City:
Country:
Telephone:
Email:
Fax:
Website:
Description of Experience:



Gender:

Age:

Background:

Skills and qualifications:



Other memberships/partners

Name of INWA Organisation:

Signature of approving INWA member:

Name of Signatory:

Function of Signatory at INWA member:

Please send this application form to: INWA Office: office@inwa-nordicwalking.com