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| **ICEA™ Aid PhaseⅠ Application Form** |
| Name of the association | Country |
| Address | Official Website |
| Contact Number | Email |
| Official Facebook Homepage/ Group Link |
| ICEA Local Homepage/ Group Link (Name format: ICEA+ country name) |
| Is your association an ICEA member?* Yes □ No

Is your association willing to join ICEA™ Aid PhaseⅠand agree with the assessment standard?□ Yes □ NoDo you agree to allow ICEA collect related FB data for calculation purpose? □ Yes □ No |
| * General Information
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| General Introduction of your association |
| Local pool market development description |
| * Signature
 |
| Name (please print) | Signature of the president |
| Date  |