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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 □ No  Do you agree to allow ICEA collect related FB data for calculation purpose?  □ Yes □ No | |
| * General Information | |
| General Introduction of your association | |
| Local pool market development description | |
| * Signature | |
| Name (please print) | Signature of the president |
| Date |