



**Recognized By:** Ministry of Youth Affairs & Sports, Govt. of India **Member:** World Association of Kickboxing Organizations (WAKO) **WAKO Recognized by:** International Olympic Committee (IOC)



## **MEMBERSHIP FORM**

(Application for State / UT / Corporate / Associate Membership)

## (Fill in block letter)

UNIT NAME:		
Name of Organization:		
Name of President:		
Name of General Secretary:		
Office Address:		
	Mobile No.:	
E. mail:	Website:	

## Mandatory to enclose: Copy of State / Unit Registration Certificate

I/we, the above named applicant do hereby verify that the information given above is correct and true to my/our belief. I/we assure that, in my opinion I/we and my/our State/UT Association / Unit are fit and suitable in all respect to be admitted as a member of 'WAKO India Kickboxing Federation'. I/we and my/our State / UT Association / Unit agree to abide by all the rules & regulations of the 'WAKO India Kickboxing Federation' and WAKO (IF).

Date:

Place:

Seal & Signature

Name & Designation

## For office use - WAKO India Head Qr.

Date:-

Remarks: Provisional / Full / Others

Approved By:

President/ General Secretary

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