WORLD KABADDI FEDERATION (WKF)

Membership Application Form

1. Name of the Organisation: ______________________________________________________

2. Year of Formation: ______________________________________________________________

3. Registration No: ________________________________________________________________

4. Office Address: _________________________________________________________________

______________________________________________________________________________

Telephone Number: ________________________________ Fax No: __________________
(Country code - Area code – Number)
Email: ________________________________ Website: ________________________________

5. Name and Address of officials:

A. President: ________________________________________________________________
Address: _________________________________________________________________

Telephone Number: ________________________________ (Country code - Area code – Number)
Email: _________________________________________________________________

B. General Secretary: ______________________________________________________
Address: ________________________________________________________________

Telephone Number: ________________________________ (Country code - Area code – Number)
Email: _________________________________________________________________

We agree to abide by the constitution and by-laws of the World Kabaddi Federation.
Please find herewith the payment of Rs: ________________, by__________________________
towards Ordinary / Associate / Provisional/ Corporate / Affiliate (Club & Association) Member fee.

Date: ________________    seal    Signature of President / General Secretary