

**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