



**WORLD KABADDI FEDERATION
(WKF)**



“Organization in Special Consultative status with the United Nations Economic and Social Council”

**FRIENDS OF KABADDI
GOLD / SILVER Membership Form**

Photo

1. Name: _____ Sex: _____

2. Date of Birth: _____ Birth Place: _____

3. Father’s name: _____

4. Nationality: _____ Passport No: _____

5. Address :

Present address: _____

City _____ State _____ Zip code _____

Telephone Number: _____ / _____ / _____

(Country code - Area code – Number)

Email: _____

Permanent address: _____

City _____ State _____ Zip code _____

6. Please write below your experience or relation with Kabaddi such as:

Official/ Coach / Referee/ Player /member of Association/ Club member etc..

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I agree to abide by the constitution and by-laws & Rules of the World Kabaddi Federation.

Please find herewith the contribution of *Rupees thirty thousand (Approx.US\$ 462.00)* **OR** contribution of *Rupees fifteen thousand (Approx.US\$ 231.00)* by Bank transfer towards Annual **GOLD / SILVER** Membership fee for Friends of Kabaddi along with my ID and Address proof.

Date: _____

Applicants signature

FOR OFFICE USE ONLY

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Membership No: _____ Receipt. No: _____ Date of Admission: _____

ID: _____ ID No: _____

ID: _____ ID No: _____

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Email: worldkabaddi@gmail.com URL: www.worldkabaddi.org