



WORLD KABADDI FEDERATION (WKF)



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

FRIENDS OF KABADDI 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..

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

Please find herewith the payment of Rupees two thousand five hundred only (**Rs.2,500.00**)

Approx US\$ 38.00 by Bank transfer towards one time Entrance fee of Rs.1,000.00 + Annual Membership fee of Rs.1,500.00 for Friends of Kabaddi along with my ID and Address proof.

Date: _____

Applicants signature

FOR OFFICE USE ONLY

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

ID: _____ ID No: _____

ID: _____ ID No: _____

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