



**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: \_\_\_\_\_ UID No. \_\_\_\_\_ Passport No: \_\_\_\_\_

5. Address :

Present address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone / WhatsApp No. : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(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 *Indian Rupees thirty thousand* **OR** contribution of *Indian Rupees fifteen thousand* 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](mailto:worldkabaddi@gmail.com) URL: [www.worldkabaddi.org](http://www.worldkabaddi.org)**