



**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: _____ 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 or any Sport such as:

Official/ Coach / Referee/ Player /member of Association/ Club member / medals 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 payment of Indian Rupees Three thousand five hundred only (**Rs.3,500.00**) by Bank transfer towards one time Entrance fee of Rs.2,000.00 + 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

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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