

AMATEUR KICKBOXING ASSOCIATION OF ODISHA



Regd. No: 23888/14 of 2017-2018 under IGR ACT XXI of 1860 & MSME Govt. of India

Recog. by : **Odisha Olympic Association (OOA)**

Member : **Wako India Kickboxing Federation**

Recog. by : **Ministry of Youth Affairs & Sports Department Govt. of India**

Member : **World Association of Kickboxing Organizations**

Wako Recog. by : **International Olympic Committee (IOC)**



MEMBERSHIP FORM

(Application for District Kickboxing Association)

To,
The President, Amateur Kickboxing Association of Odisha

(Fill in block letter)

Passport Size
Photograph -2
copies

DISTRICT : _____

Name of Association : _____

Name of President : _____

Name of Secretary : _____

Office Address : _____

_____ Tel No : _____

Mobile : _____ E-mail : _____

Mandatory to enclose : Requesting Letter attached for District Affiliation / Registration Certificate

I, the above named applicant do hereby verify that the information given above is correct and true to my belief. I assure that, in my opinion I and my District Association are fit and suitable in all respect to be admitted as a member of WAKO Odisha. I and my District Association agree to abide by all the rules & regulations of Amateur Kickboxing Association of Odisha as amended from time to time.

Date :

Place:

Seal & Signature
Name & Designation

For Office Use : WAKO ODISHA

Date :

Membership No :

Affiliation: Provisional / Confirm / Final

Verified by
(President)

Approved by
(Chief Advisor)