

AMATEUR KICKBOXING ASSOCIATION OF ODISHA

Regd. No: **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 Organisations (WAKO)**

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



Office Address: At: Kanyabeda Canal Road Side (1st Lane), Po- Kandasar, Ps-Nalco Nagar, Dist-Angul, Pin-759145, Odisha
Mobile No: 9438912326, 94394909932, 9438508792, Email: wakoodisha@gmail.com, web: www.wakoodisha.in

MEMBERSHIP FORM

Association Name:

District

Name of Applicant:

(Use Block letter only)

Father's Name:

Address:

.....

..... Contact No:

Sex: Nationality: Religion:

Occupation: Blood Group: Date of Birth:

Martial Arts experience (if any): Yes / No (if yes give details):

.....

Present Rank: Email :

Photographs

Passport Size=02

I want to become Regular / Life Member, (Rm- Rs. 250/- per Year, LM- Rs. 500 /-)

The fees enclosed here with by Cash / Cheque / DD No Dated.....

UNDERTAKING

I hereby declare that the above said biodata is true to the best of my knowledge. I undertake to be abide by the Rules and Regulations of AKAO and will not 'hold responsible to its Instructor/Organization for any Accident / Injury / Loss caused to me during the Training / Test / Tournament due to my negligence. I shall be sincere and loyal to my seniors / Instructors all the time.

Recommended by

Instructor in charge of District
With Seal

Signature of the Applicant

Guardian / Parents will sign in case
of minor applicant

For Office Use

Regd. No:

Date:

Approved by
President/Secretary