ଆମେଚର୍ କିକ୍ ବକ୍ସିଂ ଆସୋସିଏସନ ଅଫ୍ ଓଡିଶା

AMATEUR KICKBOXING ASSOCIATION OF ODISHA®

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

Recog. by : Sports & Youth Services Department Govt. of Odisha

Recog. by : Odisha Olympic Association

Member : Wako India Kickboxing Federation

Office Address : Kanyabeda Canal Road Side (1st Lane), Po - Kandasar, Ps - Nalco Nagar, Dist - Angul, Pin - 759145, Odisha,
Mobile No: 9438912326, 94394909932, 9777027256, Email : wakoodisha@gmail.com, Web : www.wakoodisha.in

MEMBERSHIP FORM

Association Name: .....

District .....

Photographs

Passport Size=02

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 : .....

I want to become ..... Regular (Rm - Rs. 350/- per Year, Renewal - Rs. 250 /-)
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 abided by the Rules and Regulations of AKAO and will not 'hold responsible to its Coach/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
District Secretary

Signature of the Applicant
Guardian / Parents will sign in case of minor applicant

For Office Use

Regd. No: .....

Date: .....

Approved by
President/Secretary