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

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

MEMBERSHIP FORM
(Application for Club Kickboxing Association)

Passport Size Photograph

To,
The President/Secretary,
Amateur Kickboxing Association of Odisha

(Fill in block letter)

District : _____

Name of Dist Asssociation : _____

Name of Club Association : _____

Name of Applicant : _____

Joined WAKO kickboxing in the Year : _____

Office Address : _____

_____ Tel No.: _____

Mobile: _____ E-mail : _____ Web : _____

Declaration :

I _____the above-named applicant, hereby verify that the information provided above is correct and true to my belief. I assure that, in my opinion, I and my District Club Association are fit and suitable in all respects to be admitted as members of WAKO Odisha.

I and my Club Association agree to abide by all the rules and regulations of the Amateur Kickboxing Association of Odisha as amended from time to time.

Date : ……

Place : ……

Seal & Signature

Name & Designation

For Office Use – Wako Odisha Head Qtrs.

Date : ……

Remarks : Provisional / Confirm / Full / Others

Approved by :

Chief Advisor / President

Office Address : Kanyabeda Canal Road Side (1st Lane), Po - Kandasar, Ps - Nalco Nagar, Dist - Angul, Pin - 759145, Odisha,
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