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 District Kickboxing Association)

Passport Size Photograph

To,
The President,
Amateur Kickboxing Association of Odisha

(Fill in block letter)

District : _____

Name of Association : _____

Name of President : _____

Name of Secretary : _____

Joined WAKO kickboxing in the Year : _____

Office Address : _____

_____ Tel No.: _____

Mobile: _____ E-mail : _____ Web : _____

Declaration:

I _____ President/ Secretary of the above association, hereby verify that the information provided 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 respects to be admitted as members of WAKO Odisha. I and my District Association agree to abide by all the rules and regulations of the Amateur Kickboxing Association of Odisha as amended from time to time. This declaration is similar to the one found in the District Affiliation Form for WAKO Odisha, emphasizing the accuracy of the provided information and the commitment to adhere to the association's rules.

Date : ……

Place : ……

Seal & Signature

Name & Designation

For Office Use – Wako Odisha Head Qtrs.

Date : ……

Remarks : Provisional / Confirm / Full / Others

Approved by :

Chief Advisor / President

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