|   Membership Application**Telephone: 954-317-3795/954-317-3440 Email: info@kabaddi-usa.com** |
| --- |
| Applicant Information |
| Name:  |
| Email:  | Title:  | Phone: |
| Current address: |
| City: | State: | ZIP Code:  |
|  |  |  |
| Club/League Information |
| Name of Club/League: |
| Address: | Zip Code: |
| Phone: | E-mail: | Website: |
|  | State: | ZIP Code: |
| Style: National: | Circle: | Beach: |
| Club/League Contact |
| President: |
| Address: | Phone: |
| City: | State: | ZIP Code: |
|  |
|  |
| Secretary: |
| Address: |  | Phone: |
| club/league Information |
| How did you hear about USA Kabaddi? |
| Do club/league host any kabaddi tournaments? | Style: |
| Any kabaddi facilities? | Women’s team? | Youth team? |
| Men’s team? | How many members? |  |
| Website: | Facebook: |  |
| membership category |
| National Style Membership: | Circle Style Membership: | Beach Style Membership: |
| Individual Membership: | Volunteer Membership: | Youth Membership: |
| Referee Membership: | Umpire Membership: | Scorer Membership: |
| Comments/suggestions |
|  |  |
|  |  |
| by laws acknowledgement |
| I/ We hereby declare to abide to the bylaws, rules, regulations of the USA Kabaddi Association and World Kabaddi in effect and hereafter adopted from time to time. |
| Signature of applicant: | Date: |
| Signature of applicant: | Date: |