



PUMAS

INTERNATIONAL

H.Q. : PUMAS Complex, Unit-6, Bhubaneswar-1, Orissa.
Phone : 0674-708814 Fax : 91 674-408119



member
INDIAN ASSOCIATION OF KICKBOXING ORGANISATIONS
INDIAN KARATE & KOBUDO CONFEDERATION

MEMBERSHIP FORM

Place : _____

Name : _____

Father / Guardian Name : _____

Address : _____

Phone : _____ Fax : _____

Occupation : _____

Date of Birth : _____ Blood Group : _____

Do you have any ailments ?---- Yes / No (if yes give details)

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

Name of Instructor / Coach(if any) _____

I want to become a - Regular / Life Member (RM - Rs.100/- Per Year, LM - Rs. 1000/-).

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

Date :
Regd. No.
Issued on :

Affix
3 No. of
Stamp Size
Photographs

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 Pumas Int'l and will not hold responsible to its Instructor / Organisation for any accident / injury 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
(Signature & Seal of the Organisation/Coach)

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