



# Membership Application

All applications are presented to the Board of Directors and membership will become effective following approval. Any questions regarding membership, please contact Jeff Miller: 954-317-3795 or kabaddinorthamerica@gmail.com.

Name of Country: \_\_\_\_\_

Name of Association/Club/Academy/Individual: \_\_\_\_\_

## Individual Information

Full Legal Name: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Title (circle): Mr. Mrs. Ms. Dr. Prof. Other \_\_\_\_\_

Title (circle): Mr. Mrs. Ms. Dr. Prof. Other \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Country: \_\_\_\_\_

Cell number: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell number: ( \_\_\_\_\_ ) \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_ : \_\_\_\_\_

## Association/Club/Academy Information

President: \_\_\_\_\_

Secretary Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street: \_\_\_\_\_ :

Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

## Tell Us About Association/Club/Academy

How did you hear about Kabaddi Pan America? \_\_\_\_\_

What kabaddi disciplines most interest you? National Style \_\_\_\_\_ Circle Style \_\_\_\_\_ Beach Style \_\_\_\_\_

Do you have men's team? \_\_\_\_\_ women's team? \_\_\_\_\_ youth's team? \_\_\_\_\_

How long have you been involved in kabaddi? \_\_\_\_\_

Do you host any tournaments in your country? \_\_\_\_\_

## Membership Category

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All memberships require a long-term commitment. Please select your desired memberships:

\_\_\_\_ National Style Membership

\_\_\_\_ Circle Style Membership

\_\_\_\_ Beach Style Membership

\_\_\_\_ Individual Membership

*New member who wants to participate in kabaddi.*

\_\_\_\_ Volunteer Membership

*New member who wants to volunteer in kabaddi.*

\_\_\_\_ Youth Membership

*New members under the age of 18.*

\_\_\_\_ Referee/Umpires/Coach Membership

## Comments/Suggestions

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## Association/Club/Academy Information

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Website: \_\_\_\_\_

Facebook: \_\_\_\_\_

Please indicate preferred assistance needed: \_\_\_\_\_

List name any available kabaddi facilities in your country: \_\_\_\_\_

Address: \_\_\_\_\_

Did you host any kabaddi tournaments: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you have a national team? \_\_\_\_\_ Do you conduct any training sessions? \_\_\_\_\_

## Bylaws Acknowledgement

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*I/We hereby declare to abide to the bylaws, rules, and regulations of the Kabaddi Pan America and World Kabaddi in effect and hereafter adopted from time to time.”*

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X \_\_\_\_\_