



ASSOCIATION OF SPORTS & MIXED MARTIAL ARTS BENGAL

Registered under The West Bengal Societies Registration Act, 1961

Affiliated to: Mixed Martial Arts Federation India (MMAFI).

Member: International Combat Martial Arts Unions Association, Sports Development Association of India.

MEMBERSHIP APPLICATION FORM

FILL IN CAPITAL LETTERS

Name:					
Address:					
Contact No:		Date Of Birth:		Sex:	
Blood Group:		Education:		Qualification:	
Father's/Guardian's Name:					
Father's/Guardian's Occupation:		Contact no:			
Branch:			Phone No:		
E-Mail:					
Do you have experience in martial arts?:					
If yes, mention the name of the art/style:					
Instructor's Name:			Rank:		
& enclose supporting documents/certificates:					
State reason of joining this association:					

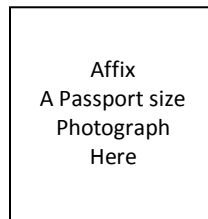
UNDERTAKING

I, HEREBY DECLARE THAT THE ABOVE MENTIONED PARTICULARS ARE TRUE ACCORDING TO MY KNOWLEDGE. I UNDERTAKE TO ABIDE THE RULES AND REGULATION OF ASMMAB AND WILL NOT MAKE IT'S INSTRUCTOR/ACADEMY RESPONSIBLE FOR ANY ACCIDENT/INJURY CAUSED TO ME DURING TRAINING/TEST/TOURNAMENT DUE TO MY NEGLIGENCE. I SHALL BE SINCERE AND ROYAL TO MY SENIOR/INSTRUCTOR/SIFU ALL THE TIME.

GURDIAN'S SIGNATURE

.....

DATE:



STUDENT'S SIGNATURE

.....

DATE:

FOR OFFICE USE

I CARD NO.....BRANCH.....

REG.NO.....INSTRUCTOR.....

DATE OF ADMISSION.....RANK.....

Head Office: AA-5, Prafulla Kanan, G/2, Shivayan Apartment, Block – B, Kolkata – 700101, (W.B) India.

Contact No: 9163706404 / 8013621560, E-Mail: asmmawb@gmail.com, Web: www.asmma.in