



ASSOCIATE / SILVER MEMBER – APPLICATION FORM

Please tick the category of membership you would like to apply for;

- Associate Member: **\$50** per year – *for individuals only*
 Silver Member: **\$25** – *for individuals aged 65 and above only*

FOR ASSOCIATE MEMBERS / SILVER MEMBERS, PLEASE FILL IN THIS SECTION

Particulars of Associate Member / Silver Member

Name of in full: _____

Salutation: Mr. / Mrs. / Mdm. / Dr. / Ms. (circle where appropriate)

Marital Status: _____

NRIC / Passport Number: _____

Date of Birth: _____ (dd / mm / yyyy)

Address: _____

Postal Code: _____

Email Address: _____

Tel No.: _____ (HP) _____ (O)

*Grade: _____ dan Date Obtained: _____

*NCAP/Coach Level: _____ Date Obtained: _____

*WAKO Coach Level: _____ Date Obtained: _____

*Other Coach Level and Accreditations: _____ Date Obtained: _____

****Other Coaching Accreditations which may not be listed, please attach accordingly***

Discipline: Kickboxing Muay Thai Taekwondo Karate Silat Weapon Pattern

Others: _____



ASSOCIATE / SILVER MEMBER – APPLICATION FORM

PLEASE FILL IN THIS DECLARATION

DECLARATION

I, _____, certify that the information provided by me in this application form are true and correct to the best of my belief and knowledge.

Name in full: _____

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

To: _____

Your application for affiliation to the Kickboxing Federation of Singapore is **approved** / **not approved** subject to the payment of the affiliation fee for _____.

Name: _____

Designation: _____

Signature: _____ Date: _____