



## CLUB MEMBER – APPLICATION FORM

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

Club Member: \$100 per year – for clubs only

### PLEASE FILL IN THIS SECTION

#### Particulars of Club

Name of Club: \_\_\_\_\_

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

Tel No.: \_\_\_\_\_ (HP) \_\_\_\_\_ (O)

Company  UEN /  ROS Reg No.: \_\_\_\_\_ (tick where appropriate)

Number of Members: \_\_\_\_\_

#### Particulars of President / Owner of Club

Name of President/Owner in full: \_\_\_\_\_

NRIC / Passport Number: \_\_\_\_\_

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

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

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

Tel No.: \_\_\_\_\_ (HP) \_\_\_\_\_ (O)

#### Particulars of Coach (Main / Head Coach)

Name of Coach: \_\_\_\_\_

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

\*Grade: \_\_\_\_\_ dan Date Obtained: \_\_\_\_\_

\*NCAP/Coach Level: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

\*WAKO Coach Level: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

\*Other Coach Level: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

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

Discipline:  Kickboxing  Muay Thai  Taekwondo  Karate  Silat  Weapon  Pattern

Others: \_\_\_\_\_

*\*To Note: Please attach a copy of the relevant documents*



## CORPORATE MEMBER – APPLICATION FORM

### Particulars of Training Ground

Training Ground: \_\_\_\_\_

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

Tel No.: \_\_\_\_\_ (HP) \_\_\_\_\_ (O)

No of Training Sessions Per Week: \_\_\_\_\_

Training Days: \_\_\_\_\_

Training Times: \_\_\_\_\_

### 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: \_\_\_\_\_