APPLICATION FOR KAM MEMBERSHIP / RENEWAL

KAM Member District/Unit _____

Association/Organisation Name _____

Represented by _____DOB_____

Present Status/Dan in any Martial Arts_____(attach copy of certificates)

Postal Address :_____

_____

Dist_: _____State_____PIN_____

Telephone with STD Code_____ Mobile _____

Web (if any) _____ E-Mail ID(Mandatory) :_____

Annual / Renewal Fees of Rs._____ paid by Cash / TRF / DD No. _____

Dated _____ for the year _____

Towards **CORPORATE MEMBERSHIP / ASSOCIATE MEMBERSHIP**

UNDERTAKING : I confirm that the information given above are true to best of my knowledge and declare that we are not associated with any other Kickboxing Association/activities. Further I undertake to be abide by the Terms & Conditions of KAM binding to this membership.

Date : **President / General Secretary**

Signature with Seal of the Association

N.B. :

Kindly make all your payment in time by DD in favor of **" KICKBOXING ASSOCIATION OF MAHARASHTRA "** Payable at **" PUNE"** OR by **Cash deposit** OR **Account Transfer** to the following Accounts of KAM and send the information by e-mail to kickboxing.maharashtra@gmail.com to obtain the Money Receipt ,

Martial Arts & Sports Organization
Corporation Bank
A/C No : 090400101001698
Branch:Kharadi,Pune-411014
IFSC Code : CORP0000904

OR

Pradeep P. Shinde
Bank Of Maharashtra
A/C No - 63016151811
Branch:Gorpuri Goav,Cantoment Aria,Pune – 411001
IFSC Code : MAHB0000184

Eligibilities :

Corporate Member

(District Association to promote & control as the KAM official Body)
Annual Fees – Rs. 2000/- per year **(City Or Rural Or District)**
Representative IAKO Dan Grade is mandatory
Registration of minimum 25 members @ Rs. 400/- per Sport Pass
Renewal Fees – Rs. 1000/- per year