

INTERNATIONAL FLYING KICK SPORTS FEDERATION (IFKSF)

Membership Application Form



1. Name of the Organization: _____

2. Year of Formation: _____

3. Registration No: _____

4. Office Address: _____

Telephone Number: _____ Fax No: _____
(Country code - Area code – Number)

Email: _____ Website: _____

5. Name and Address of officials:

A. President: _____

Address: _____

Telephone Number: _____
(Country code - Area code – Number)

Email: _____

B. General Secretary: _____

Telephone Number: _____
(Country code - Area code – Number)

Email: _____

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We agree to abide by the constitution and by-laws of the International Flying Kick Sports Federation.

Please find herewith the payment of Rs: _____, by _____

Ordinary / Country Affiliation / Provisional/ Corporate / (Club & Association) Member Fee.

Date: _____

Seal

Signature of President /General Secretary