



ASSOCIATE MEMBERSHIP FORM

To,

**PRESIDENT/SECRETARY
DR. B.R. AMBEDKAR SPORTS FOUNDATION**

PHOTO

ORGANIZATION _____

LEGAL STATUS _____

APPLICANT NAME _____

DESIGNATION _____

ADDRESS _____

CITY/DISTRICT _____ **STATE** _____

DATE OF BIRTH _____ **AGE** _____ **SEX** _____

E-MAIL _____ **PHONE/MOBILE** _____

SPORTS _____ **ACTIVITIES** _____

ORGANIZATION TYPE - ACADEMY _____ **NATIONAL** _____ **INTERNATIONAL** _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE, FURTHER, I DO HEREBY, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE RELEASE AND FOREVER DISCHARGE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES WHICH I MAY HAVE OR WHICH MAY HEREAFTER ACCRUE TO ME AGAINST THE DR. B.R. AMBEDKAR SPORTS FOUNDATION OR THEIR RESPECTIVE OFFICERS, AGENTS, REPRESENTATIVES, SUCCESSORS AND/OR ASSIGNS, FOR ANY AND ALL DAMAGES WHICH MAY BE SUSTAINED AND SUFFERED BY ME IN CONNECTION WITH MY ASSOCIATION WITH OR ENTRY IN THE SPORTS ACTIVITIES ASSOCIATED WITH DBRAS. IN ADDITION, BY MY SIGNATURE, I CERTIFY I UNDERSTAND THAT SUBMISSION OF A COMPLETED APPLICATION AND THE APPROPRIATE.

✓ **Kindly Attach ID/ Adhaar Card, Education & Regd. Document of Your Org. and Membership Fee Pay Slip**

SIGNATURE _____ **NAME** _____

DATE _____ **PLACE** _____

FOR OFFICE USE ONLY:-

MEMBERSHIP NO _____

AUTHORIZED SIGNATURE _____ **DATE** _____