



Mallyuddha- An Ancient Martial Arts of India

IFM -INTERNATIONAL FEDERATION OF MALLYUDDHA

MEMBERSHIP/AFFILIATION FORM

UNIT/ COUNTRY NAME	
APPLICANT NAME	
DATE OF BIRTH	
DESIGNATION	
PRESENT RANK	
EDUCATION QULAIFICATIONS	
COMPLETE POSTAL ADDRESS	
MOBILE/ PHONE	
EMAIL/ WEBSITE	
MEMBERSHIP TYPE	

DECLARATION

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 INTERNATIONAL FEDERATION OF MALLYUDDHA 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 FEDERATION WITH OR ENTRY IN THE MARTIAL ARTS ACTIVITIES ASSOCIATED WITH IFM. IN ADDITION, BY MY SIGNATURE, I CERTIFY I UNDERSTAND THAT SUBMISSION OF A COMPLETED APPLICATION AND THE APPROPRIATE.

NAME/ SIGNATURE	
DATE/ PLACE	

FOR OFFICE USE ONLY:-

REGISTRATION/ MEMBERSHIP NO	
DATE OF REGISTRATION	
AUTHORISED SIGNATURE	

PHOTO

AFFILIATION/ MEMBERSHIP FEE @100USD ANNUAL ONLY

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