



राष्ट्रीय सामरिक कला समिति भारत

Membership Application

APPLICANT NAME _____

MARTIAL ARTS STYLE NAME _____

DATE OF BIRTH _____ AGE _____ SEX _____

STREET ADDRESS _____

CITY _____ STATE _____

TELEPHONE _____ MOBILE _____

E-MAIL _____ WEBSITE _____

EDUCATION QUALIFICATION _____

SPORTS ACHIEVEMENTS _____

RECOMMENDED BY _____

AFFILIATION/MEMBERSHIP TYPE: INDIVIDUAL _____ STATE/UT _____ ASSOCIATE _____

(PLEASE TICK RIGHT)

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 NATIONAL MARTIAL ARTS COMMITTEE- INDIA 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 MARTIAL ARTS ACTIVITIES ASSOCIATED WITH NMAC-INDIA. IN ADDITION, BY MY SIGNATURE, I CERTIFY I UNDERSTAND THAT SUBMISSION OF A COMPLETED APPLICATION AND THE APPROPRIATE.

SIGNATURE _____ FULL NAME _____

DATE _____ PLACE _____

FOR OFFICE USE ONLY:-

AFFILIATION/MEMBERSHIP NO _____

AUTHORIZED SIGNATURE _____

DATE OF REGISTRATION _____

Photo of
Applicant