



भारतीय गिल्ली डंडा महासंघ

Membership Form

STATE/UNIT _____

PRESIDENT/SECRETARY NAME _____

DATE OF BIRTH _____ AGE _____ SEX _____

YEARS OF STUDY _____

STREET ADDRESS _____

CITY _____ DISTRICT/STATE _____

TELEPHONE _____ MOBILE _____

E-MAIL _____ WEBSITE _____

EDUCATION RECEIVED _____

SPORTS ACHIEVEMENTS _____

RECOMMENDED BY _____

AFFILIATION/MEMBERSHIP TYPE _____

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 INDIAN GILLI DANDA FEDERATION 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 SPORTS ACTIVITIES ASSOCIATED WITH IGDF. 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 _____

Photo of
Applicant