



# World Thai Kick Federation

Affiliated with World Martial Arts Council



## Membership Affiliation Form

Applicant Name: \_\_\_\_\_

President Name: \_\_\_\_\_

Secretary Name: \_\_\_\_\_

Black Belt Rank: \_\_\_\_\_ Martial Arts Style: \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Country : \_\_\_\_\_ State: \_\_\_\_\_ District: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

### Membership Rules

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 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 WTKF. IN ADDITION, BY MY SIGNATURE, I CERTIFY I UNDERSTAND THAT SUBMISSION OF A COMPLETED APPLICATION AND THE APPROPRIATE.

Membership Choice: State: \_\_\_\_\_ National: \_\_\_\_\_ Asian: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

Date \_\_\_\_\_

### World Thai Kick Federation

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