

MEMBERSHIP/ASSOCIATION FORM

ORGANIZATION NAME	
APPLICANT NAME	
DATE OF BIRTH	
DESIGNATION	
PRESENT RANK	
EDUCATION QULAIFICATIONS	
COMPLETE POSTAL ADDRESS	
COOUNTRY	
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 ASSOCIATION OF COMBATIVE SPORTS 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 IACS. 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

- *INTERNATIONAL MEMBERSHIP FEE 200 USD*
- *NATIONAL MEMBERSHIP FEE 100 USD*
- *ASSOCIATE MEMBERSHIP FEE 50 USD*