



INTERNATIONAL WADO FEDERATION OF INDIA

A Member of the International Wado Federation U.K
Approved by All India Karate Do Federation (AIKF) & School Games Federation of India (SGFI)
Recognized by Indian Olympic Association, Govt. of India
Member of Asian Karate Federation & World Karate Federation

AFFILIATION / MEMBERSHIP FORM

NAME OF THE CLUB / GROUP: _____

PREVIOUS AFFILIATION: _____

MAIN INSTRUCTOR: _____

PRESENT GRADE / RANK: _____ TITLE (If Any): _____

CORRESPONDENCE INFORMATION:

FULL NAME: _____

ADDRESS: _____

MOBILE NO: _____ E-MAIL ID: _____

DATE OF BIRTH: _____ GENDER: MALE / FEMALE: _____

PLEASE ATTACH WITH THE APPLICATION:

1. BRIEF HISTORY OF THE INSTRUCTOR
2. BRIF HISTORY OF THE CLUB/ASSOCIATION
3. LIST OF CLUBS
4. INSTUCTOR'S LIST
5. COPY OF BLACK BELT CERTIFICATE

SIGNATURE OF THE APPLICANT

Date : _____

Place : _____



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AFFILIATION / MEMBERSHIP FORM

I _____ S/o _____

Resident Address: _____

Hereby declare and confirm that I am joining "INTERNATIONAL WADO FEDERATION OF INDIA" with my own will and desire. I also declare that I have not joined any AIKF approved style before joining the same. I will always abide by the rules and regulations of "INTERNATIONAL WADO FEDERATION OF INDIA" and will work with full of my dedication and efforts to promote the prestige and dignity of Karate - Do. I will also join the training seminars, tournament etc. organized by "INTERNATIONAL WADO FEDERATION OF INDIA". My students will also attend the training seminars, tournaments etc. organized by "INTERNATIONAL WADO FEDERATION OF INDIA".

"INTERNATIONAL WADO FEDERATION OF INDIA" has the right to terminate or expelled my membership, if in case I found involved in any criminal / civil offence or by any act for spoiling the atmosphere, prestige and dignity of Karate-Do. I will also submit my annual membership fees in time and submit the reports of any dojo and state / district time to time. I also declare that I have no objection in deputing any district instructor directly by the Head Office.

SIGNATURE OF THE APPLICANT

Date : _____

Name: _____

Place : _____