WORLD TRADITIONAL ARCHERY FEDEARTION

Federation / Association / University / College / School / Club / Academy
Organization / National Sports Council

Membership Application Form

Organization Name:

Organization Address:

District Name:

State Name:

Country Name:

Legal Representative:

Organization Registration Number:

Pin Code / Zip Code:

Email Id:

Website:

Mobile Number:

Telephone Number:

Fax Number:

Organization Scope:

Number of Players:

Number of Coaches:

Number of Officials:

Number of Instructors:

Number of Branches:

Contact Person:

Contact Person Signature:

(You May organize sports events of your sport/ Area equivalent of your Membership level with the permission of your legal entity)

Required Documents with 1 Passport style photo to be published on website (if you wish and we can)

1. 2 pcs of your Govt issued Ids.(Front and back) like driver's License, Valid Passport, National Id Card etc.
2. Certificate of Registration / Incorporation or legal Entity Certificate
3. List of all the branches / Countries and approximately number of Members in each branch / Country
4. Constitution / Bye-Laws or Statutes of your organization
5. Copy of any other Affiliation with Govt, Olympic or other Sports Organization
6. Your Organization past events and /or coming events list/report
7. All documents must be clearly scanned. No photos with shades or background. **ALL DOCUMENTS MUST BE IN ONE E-MAIL**
8. Pay the payment once no Refund of Payment
9. Must Follow the rules & Regulation of WTAF
10. Compulsory Should Take Part in WTAF Championship & Courses

◯ I agree that the above details are true and I agree to abide by all rules and regulation of the World Traditional Archery Federation

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PAYMENT DETAILS:

Federation / Association / University / College / School / Club / Academy Organization / National Sports Council – (USD500)

Email ID: worldtraditionalarchery@gmail.com / Website: Worldtraditionalarcher.org

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