WORLD TRADITIONAL ARCHERY FEDEARTION

Traditional Archer Membership Form

Name:

Father Name / Guardian:

Date of Birth:

Traditional Archery joined Date:

Postal Address:

City:

State:

Country:

Mobile Number:

E-mail Address:

Postal Code / Zip Code:

Equipment Types:

Equipment Details:

Signature of the Traditional Archer:

Government Id Member:

Passport Number:

PAYMENT DETAILS:

Traditional Archer Membership Fee-(USD100)

One year Validity Payment No Refundable

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

Parent Signature / Guardian Signature Traditional Archer Signature

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Federation / Association Signature

With Address / Seal

Coach Signature

With Address / Seal

Office Use Only for World Traditional Archery Federation

World traditional Archery Id Member:_____

(WTAF)Administrative Officer Signature:

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

Mobile / +919578144143