

# INSTRUCTIONS

Email To:   
one passport size photographs 2"x2 1/2"  
required, full face, without hat.

**FOR OFFICE USE ONLY**  
License No.



# World Professional Boxing Federation United States Boxing Council

## MEMBERSHIP APPLICATION FORM

PLEASE TYPE YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM.

Is this membership..... New  Renewal

1. Name (First Name) (Middle Name) (Last Name)  2. Passport No.

3. Address (Number and Street) (Town or City) (State or Country) (Zip/Postal Code)

4. Date of Birth (mm/dd/yyyy) 5. Place of Birth (Town or City) (State/Country)

6. Contact Details (Office Phone) (Office Fax) (Mobile Phone)

(Home Phone) (Home Fax)

(Official Website) (Office E-mail) (Private E-mail)

7. The current position in the local boxing commission

### 8. Membership Categories

<input type="checkbox"/> <u>Commissioner*</u>	<input type="checkbox"/> <u>Supervisor*</u>	<input type="checkbox"/> <u>Regional Representative*</u>
<input type="checkbox"/> Referee	<input type="checkbox"/> Judge	<input type="checkbox"/> Physician
<input type="checkbox"/> Trainer	<input type="checkbox"/> Journalist/Writer	<input type="checkbox"/> Second/Cutman
<input type="checkbox"/> Matchmaker	<input type="checkbox"/> Promoter	<input type="checkbox"/> Manager

I hereby declare, under penalty of perjury that I have read the foregoing application for a   
license, and all the answers to the questions have been completed by me and that all the answers given are my own, that  
all the answers are true of my knowledge, that this license expire one (1) year after issued. Further, I understand and  
agree that any misrepresentation of a material fact on this application shall constitute grounds for revocation of this  
license.

Applicant's Signature

Date