



Silambam Association of India(SAI)

(Affiliated with Indian Non-Olympic Association, International Silambam Committee, Asian Silambam Committee, NYKS, Ministry of Youth Affairs & Sports, Govt. of India, INOC, ANOC)

Membership Application Form

Paste 1 photo here

Please type or print carefully. Forward the completed application form, 1 recent passport size photos, copies of your most recent certificate(s) and any other relevant documents to the State Body.

Contact Information

Date of Birth: _____
(yyyy/mm/dd)

State Association Name: _____

Name: _____ Male/Female
(family) (given)

Address: _____
(street) (city, state/province, postal code) (country)

Nationality: _____ Telephone: _____ Email: _____

Membership Type: State Body Style Approval Zone Body

Education & Professional Background

Education Received: _____

Occupation: _____ Years in Profession: _____

Martial Arts Background

Total Years of Study: _____ Member of Club/Dojo: _____

Following Style(s): _____

Current Grade and Issuing Organization(s): _____

Application Recommended by: _____

I hereby certify that the information contained in this application is true and accurate to the best of my knowledge,

Applicant's signature

date (yyyy/mm/dd)

OFFICIAL USE ONLY, PLEASE DO NOT WRITE IN THIS SECTION

Application reviewed by: _____
Name Date