



Malta Boxing Association

MBA Office: 5, Camelia Street,
Hamrun. Malta. HMR1700
Email: maltaboxingsec@gmail.com
www.maltaboxingassociation.org

CLUB MEMBERSHIP - APPLICATION FORM

DATE:	
CLUB NAME	
CLUB ADDRESS	
ADMINISTRATOR'S SURNAME	
ADMINISTRATOR'S FIRST NAME	
HOME ADDRESS	
	POSTCODE:
DATE OF BIRTH	
PHONE NUMBER/S	
EMAIL	
I.D CARD / PASSPORT	
<p>If my application for membership is accepted, I shall abide by the Rules & Regulations of the Malta Boxing Association. I also understand that my Membership application is subject to approval by the Committee, as stated in the MBA's Rules & Regulations, which can be accessed and downloaded at: https://www.maltaboxingassociation.org/rules--regulations.html. If membership is not accepted, the membership fee paid will be reimbursed by the MBA. The Committee is not obliged to give the reason for non-acceptance.</p>	
SIGNATURE:	
CLUB MEMBERSHIP FEE:	€150.00
Cheques should be made payable to: Malta Boxing Association	

For office use only:

Date Received:			Mem. No.:	
Approved:	YES	NO		
Signature of Secretary			Stamp	

