



Malta Boxing Association

c/o 5, Camelia Street, Hamrun. HMR1700
Malta

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	
(If Administrator is the coach, coach license is included).	
	POSTCODE:
DATE OF BIRTH	
PHONE NUMBER/S	
EMAIL	
I.D CARD / PASSPORT	
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.	
SIGNATURE:	
CLUB MEMBERSHIP FEE:	€150.00 (Valid for 12 months from date of payment and submission of form)
Payments can be made by Cheques payable to: Malta Boxing Association, BOV Mobile or Revolut to 99471413	

For office use only:

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



A non-profit organisation members of: **European Boxing Union**



World Boxing Council



Malta's Council for Sport