



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	(Please attach a copy of the ID Card/Passport)
(Please attach a copy of the ID 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 cash, BOV Mobile or Revolut to +356 99471413 or by Bank Transfer to: Bank Name: Revolut Bank UAB - Bank's BIC/SWIFT: REVOLT21 IBAN: LT82 3250 0718 1007 2764 - Account Name: Francis Borg	

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