



HOCKEY INDIA
Associate Membership Application Form 2019

Date _____

1. **NAME** _____

2. **ADDRESS** _____

3. **PHONE NO** _____

4. **FAX NO** _____

5. **E-MAIL ID** _____

6. **NAME OF THE PRESIDENT** _____

a. **E-MAIL ID** _____

b. **MOBILE NO.** _____

7. **NAME OF THE GENERAL SECRETARY** _____

a. **E-MAIL ID** _____

b. **MOBILE NO.** _____

8. IN CASE OF INSTITUTIONAL TEAM/ GOVT. ORGANIZATION

a) **NAME OF INCHARGE (1)** _____

b) **DESIGNATION** _____

c) **E-MAIL ID** _____

d) **MOBILE NO.** _____

e) **NAME OF INCHARGE (2)** _____

f) **DESIGNATION** _____

g) **E-MAIL ID** _____

h) **MOBILE NO.** _____

9. A BRIEF STATEMENT OF ORGANIZATION _____

10. PLEASE ENCLOSE:

- a. Society Registration Certificate
- b. Bye Laws and Memorandum of Association of Society/ Board
- c. Activity Records
- d. Membership List
- e. List of Office Bearers
- f. Activities for last four years

2016

a) Junior Men

b) Junior Women

c) Sub-Junior Men

d) Sub-Junior Women

2017

a) Junior Men

b) Junior Women

c) Sub-Junior Men

d) Sub-Junior Women

2018

a) Junior Men

b) Junior Women

c) Sub-Junior Men

d) Sub-Junior Women

2019

a) Junior Men

b) Junior Women

c) Sub-Junior Men

d) Sub-Junior Women

*Affiliation Fee (Rs 500) and # Annual Fee (Rs 200) for 2019/20: Rs _____

by Demand Draft No. _____ dated _____ drawn on _____
_____ in favour of "HOCKEY INDIA" is enclosed.

--- * Affiliation Fee Rs 500/- (One Time)

--- # Annual Fee Rs 200/- (Yearly)

DECLARATION

WE HEREBY CERTIFY THAT ALL ABOVE INFORMATION IS CORRECT. WE AGREE TO ABIDE BY ALL THE RULES, REGULATIONS, RESOLUTIONS AND DECISIONS APPLICABLE NOW AND IN THE FUTURE ALSO OF HOCKEY INDIA.

SIGNATURE _____ SEAL/ STAMP _____

DATE _____

NAME _____ DESIGNATION _____

PLEASE RETURN COMPLETED DOCUMENT TO HOCKEY INDIA AT THE BELOW ADDRESS

HOCKEY INDIA

B1/E14, Ground Floor
Mohan Co-operative Industrial Estate
(1 km Ahead of Mohan Estate Metro Station)
Mathura Road
New Delhi - 110044
India
Telephone: 011 - 46064141

FOR OFFICE USE ONLY

The application for Associate Membership of _____
(name of organisation/institution), is approved / not approved.

PRESIDENT / SECRETARY GENERAL / CEO
HOCKEY INDIA

DATE: _____