



HAWKEYE SPORTS ACADEMY

AFFILIATED TO: KARNATAKA STATE RIFLE ASSOCIATION

Reg NO: DRB3/SOR/470/2017-2018

#4800, ATOM Sports Arena, 5th cross, Jyothinagar, Gottigere, BG Road, Bangalore -560083

www.hawkeyerifleshooting.com E-mail: hawkeyerifleshooting@gmail.com Contact: 7022297755

Form consisted 2pages

SL NO:

APPLICATION FORM FOR MEMBERSHIP

NAME: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

ADDRESS: _____

Tel: _____ Mobile: _____ Emergency: _____

GENDER: Male/ Female/ Other E-mail: _____

Age: _____ Date Of Birth: ____ / ____ / ____ Blood Group: _____

Educational qualifications: _____

Occupation: _____

Details about Weapon: _____

Membership Number: _____

I desire to enroll myself as DONOR/ LIFE/ ANNUAL/ ORDINARY/ JUNIOR Member of HAWKEYE SPORTS ACADEMY.

I declare that I am not a member of any organization or group, which has in any part of its program, the attempt to overthrow the Government of the Republic of India by force, Violence or any underground activity, that I have never been convicted of a crime and that if admitted to membership, I shall faithfully endeavor to fulfill that obligation of good sportsmanship. I agree by the rules and regulations of the academy. I shall be bound by the directive of managing committee in case of any misconduct or any misdemeanor on my part

Place:

Date: _____
Signature of the Parent
(In case of junior member)

Signature of the applicant

