

NATIONAL FEDERATION MEMBERSHIP APPLICATION FORM

Organization Name:				
Representative Name:				
Position:				
Mobile:		Email:		
Organization Address:				
City:	County:		Postcode:	
Applicant		Opinion of the WPF		
We wish to apply as a member of World Pittu Federation (WPF), and will comply with the statues of WPF and fulfill obligations of the class of membership. We have known the statutes and all regulations of WPF, we promise to comply with these.				
Sig. of Representative Date:		Sig. of Director Date:		

Note: • Use a black carbon pen to fill out the form; then scan and email.

Attach photograph, photo ID and address proof of the representative with the form.

