

GENERAL/ASSOCIATE MEMBERSHIP APPLICATION EXPIRING JUNE 30, 2023

| FIRST NAME | | LAST NAME | |
|---|---|--|--|
| STREET | | | |
| CITY, STATE ZIP | | | |
| COUNTRY | | | |
| Main Contact Phone: | | Second Contact Phone: | |
| E-mail: | | | |
| Matchm | ` naker– Trainer S | e): Ring Official (Judge) – Ring Official(Referee) – Su Second – Vendor – Commissioner(Mexico or Canada) | - Media(credentialed) - General Member |
| | | urisdiction, whatsoever which regulates the sport of bo | |
| Yes | | if yes, please provide explanation on reverse o | • • |
| States, Canada or Safety Act of 1996 include but not be The terms "reside' residence or resid | Mexico. For USA no as amended by the limited to active boo or "or "resides" is define in more than one NOTICE: ONLY GIATHE DE | ENERAL MEMBERS HAVE THE RIGHT TO VOTE ON NATIONAL STATE, COMPARED REPRESENTATIVE FOR THEIR STATE, COMPARED. I agree to abide by the Constitution, by-laws, all and | elong to the NABF by virtue of the Professional Boxing ederal regulatory provision. Associate Members shall writers, media representatives and publishers." The province of the Professional Boxing ederal regulatory provision. Associate Members shall writers, media representatives and publishers." The province of the Professional Boxing ederation of the Professional Boxing ederation and regulations adopted by the Federation. |
| under the provisio | ns of the Constitution | on and Amendments hereafter legally adopted. It is also ag member, I will remain in good standing and will honor all p | reed that upon acceptance of this application and as a |
| Dated: | Signa | ature: | - |
| | | V/SA S | SUADOF AUTHORIZATION |
| | | | CHARGE AUTHORIZATION |
| | | | ACCOUNT NUMBER |
| | | | EVP DATE MANAGE CONT. |

Make checks payable to: The NABF

Mail Application To: David Sutherland (Chairman) 11081 N. 116th East Avenue Owasso, OK 74055

Or Email: nabfmembership@yahoo.com

Membership Dues:

Promoter - \$125 Matchmaker- \$100

Manager, Second, Boxer, Ring Official

and all others: \$50

Press & Media: Complimentary

CHARGE AUTHORIZATION ACCOUNT NUMBER EXP. DATE MM/YY _____ CVV #____ CARDHOLDER NAME CARDHOLDER SIGNATURE What is my CVV number? For your security, enter your Card Verification ID, the last 3 digits located on the back of your credit card. Visa, Mastercard & Discover (3 digit) American Express (4 digit) American Express (4 digit) CVV#