

**Kenya Professional Boxing Commission**  
*Enhancing Professionalism in Boxing*  
**Application for Membership**

<b>Applicant Personal Details</b>			
Last Name	First Name		Middle Initial
City/County	Street/Road	Estate	House No.
Telephone No.	Email:		
Age	Referred by :		
Agreement and Signature	I confirm and understand that: 1) I am an adult of sound mind 2) All information provided above is true and correct 3) If any information provided is misleading or false, then I will be held personally liable. 4) The information is provided for purposes of request for membership to KPBC 5) I am bound by KPBC rules and regulations regarding membership		
Category of membership	Kindly tick one: 1) Boxer 2) Coach 3) Promoter 4) Ring Official 5) Other Official 6) Member/Other		
Signature and Date:	<i>I hereby apply for membership of the Kenya Professional Boxing Commission. I agree to be bound by and comply with the policies and rules of KPBC as per the Sports Act and Ministry of Culture and Sports in the Republic of Kenya and other relevant policies including anti-doping policies.</i>  Signature: _____ Date: _____		
<b>Thank you for completing this application form and your interest in becoming a member of KPBC</b>			
<b>For Official Use Only</b>			
Membership Number			
Start Date			
End Date			
Signature & Stamp:			

- *Providing false information in this application may be cause for the denial, suspension, or revocation of your license. We may conduct a complete background investigation.*
- *Membership fee applicable must be paid before approval.*
- *Application fee is valid for one year and subject to review. Contact KPBC for fee applicable*