



**FAUSTKÄMPFERVERBAND - AUSTRIA**

**FVA**

**AUSTRIAN BOXING FEDERATION**

I apply for membership in the Austrian Boxing Federation and want to get a license as a

Member	<input checked="" type="checkbox"/>	Boxer	<input type="checkbox"/>	Trainer	<input type="checkbox"/>	Manager	<input type="checkbox"/>
Promoter	<input type="checkbox"/>	Other	<input type="checkbox"/>				

Personal data:

Last name			
First name (given name)			
Street			
Postcode / City		Country	
E-mail			
Phone		Fax	
Date of Birth (DD.MM.YYYY)		Place of Birth	
Occupation			

To which amateur club do you belong:

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End of contract with former amateur club or boxing federation \*:

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Title as amateur boxer \*:

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Contract with (the) manager \*:

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In case of reception to the Austrian Boxing Federation I accept the regulations and the sport rules of the FVA.

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Date

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Signature

\* delete as applicable