



GBW



GABORONE WRESTLING (PTY) LTD
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MEMBERSHIP APPLICATION FORM

Name: _____

Surname: _____

Date of Birth: _____

Place of Birth: _____

Place of Residence: _____

ID No: _____

Phone/Cell No: _____

Address: P.O.Box/P/Bag: _____

Marital Status: _____

FOR OFFICIAL USE

Date of Registration: _____

Registration No: _____

Registered By: _____

Certified copy of ID and a recent photo (full cut)

Provisional Membership _____ Full Membership _____

AFFILIATION FEE: P _____

Affiliated to:



In Partnership with

