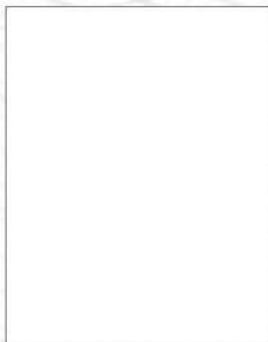


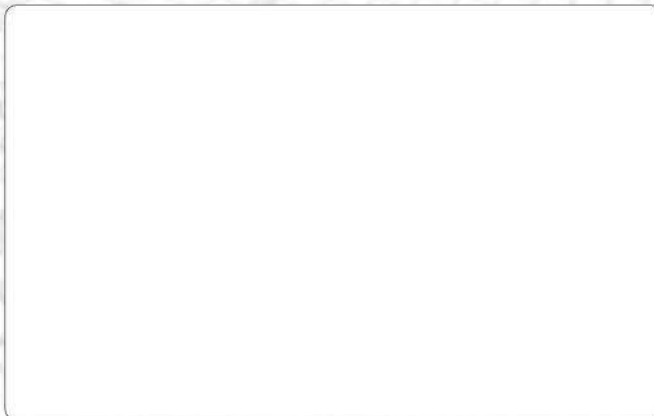
BBAM MEMBERSHIP APPLICATION FORM



BBAM
BODYBUILDING
ASSOCIATION OF
MALDIVES



PASSPORT SIZE PHOTO



NATIONAL ID CARD

Name: ނަންމު:

Permanent Address: 永続的住所:

Present Address: 現在の住所:

Date of Birth: 誕生日:

Organization / School (Grade): 所属団体 / 学校 (学年):

ID Card No. / PP No.: IDカード番号 / PP番号:

Fax / Email: ファクス / メール:

Telephone: 電話番号:

Mobile No.: 携帯電話番号:

Viber/Whatsapp No.: ヴァイバー / ワットスアップ番号:

Status of Membership (Please ☒ Tick)

☒ 個人会員 (個人)



個人会員
Individual Members



BBAM-ジュニア会員
BBAM- Junior Members



アソシエイト会員
Associate Members

I hereby agree to abide by the terms and conditions provided on the back of this form and that any violation of the aforesaid terms and conditions may result in the revocation of my membership and/ or disciplinary action may be taken.

Signature: 署名:

Date: 日付:

FOR OFFICE USE ONLY

MEMBERSHIP NO. RECEIVED BY.

AMOUNT RECEIVED. RECEIPT NO.

DATE.

[illegible]