ANNEX E.2 to SECTION 7

UKAFBA HANDBOOK 2019/20

**Request to Register an Official with Previous Individual Physical Contact Sport experience**

DD MM YYYY

Applicant’s Full name …….………………….………… Date of Birth

Previous physical contact sport (name of sport)………………………..………………………………………

Previous Club/Gyms………………………………………………………………………………………...........................

Participation Level (tick all that apply): Amateur Professional

MM YY MM YY

From To No of bouts officiated

Applicants Gender (tick appropriate box): Male Female

Following your request to participate as an official for England Boxing, after having been involved in the above physical contact sport, please note the following conditions under which your membership will be accepted, if approved by England Boxing Ltd. The conditions are as follows;-

* You must cease all involvement in the above sport
* You must not participate in any other Individual Physical Contact Sport during your membership with us
* You must abide by all England Boxing rules and guidelines, which include (but not exclusively) the Code of Conduct for England Boxing members and all AIBA rules and Codes of Conduct as provided on their website ([www.aiba.org](http://www.aiba.org))
* If you do not maintain a continuous annual registration with England Boxing you must reapply following any break in membership using this process. In those circumstances all conditions will reapply, including the requirement to serve another probation period before competing in our National Competitions.
* AIBA will be informed of the request, however AIBA do not have a set timescale to respond to requests. You must be aware that should AIBA query/reject your membership then there may be cause to suspend/close the membership

**Applicant’s Declaration**

I have read and understood the above information in relation to my application to become a member of England Boxing Ltd. I confirm that the information I have supplied above is accurate and that I will accept and abide by the relevant conditions, should my application for membership be approved.

Applicants Signature……………………………………………... Date …..…………………………

Association Secretary Signature……………………………………….………………………………………