



UNITED KARNATAKA CHESS ASSOCIATION ®

(Affiliated to All India Chess Federation and Recognized by SAK, &
Dept. of Youth Services & Sports, Govt of Karnataka)

PHOTO

PLAYER'S MEMBERSHIP FORM

For Karnataka Residents Only
(To be filled in Block Letters)

1. Name Mr. / Ms. : _____
2. Son / Daughter of : _____
3. Male/Female : _____
4. Address for communication : _____

_____ PIN _____
5. Telephone with STD Code : _____ Cell No : _____
6. Email ID : _____
7. Date of Birth with proof : _____ Place of Birth : _____
8. Name of the District you are representing : _____
9. Are you an Indian Citizen? : Yes/No
10. FIDE ID : _____
(If played in Rating tournament)
11. Was any disciplinary action taken against you ? If yes, furnish details : _____
12. Membership Fee Payment Reference : _____

Declaration

1. I declare that I shall abide by the rules and regulations and the latest amendments and decisions of the United Karnataka Chess Association / All India Federation as the case may be and cooperate with the officials in participating in State and National Tournaments / Championships.
2. I declare that I will participate in tournaments / championships recognized by UKCA/AICF.
3. I declare that I shall represent UKCA in all National Championships subject to eligibility as long as I live in Karnataka.
4. I understand that my membership is non-refundable and is valid as long as I live in Karnataka.
5. I, _____ age _____ S/o / D/o. _____
declare that the particulars given above are true to the best of my knowledge and belief.

Place :

Date :

Name and Signature of the Player/Parent