MAHARASHTRA MASTERS ATHLETICS ASSOCIATION (Reg.) MEMBERSHIP FORM

• Full Name :

• Date of Birth :

• Age :

• Nature of membership:

• Occupation :

• Residential Address :

• Office Address :

• Photo to be attached.

• Telephone No. : Mob. Off.

Res. Email.

• Your Events : 1.

2.

3.

Under any circumstances I will not take part in any meets which is unrecognized by MAFI.
Thanking you,

Yours faithfully,