



Oriental and Pacific Boxing Federation(OPBF)
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OPBF Membership Application

Commission Name:

Address:

.....

.....Zip/Post Code.....

Telephone(s):

Email(s):

Website:

President/Commissioner:

General Secretary:

Chief Medical Officer:

Key Personnel 1:

Key Personnel 2:

Key Personnel 3:

Once completed please post to the address above along with
Commission Logo and Passport size head and shoulders photo (not
essential) for all commission key personnel to be listed: