



Association Of Professional Boxing Commissions (APBC)

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APBC Membership Application

Commission Name:

Address:.....

.....

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

Telephone(s).....

E.Mail(s):.....

Website:.....

President/Commissioner:.....

General Secretary:.....

Chief Medical Officer:.....

Key Personnel 1:.....

Key Personnel 2:.....

Key Personnel 3:.....

If further key personnel to be listed on APBC website please send on separate sheet.

Once completed please either post to the address above or scan and e.mail to office@apbcboxing.com along with Commission Logo and Passport size head and shoulders photo (not essential) for all commission key personnel to be listed: