

Association Of Professional Boxing Commissions (APBC)

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APBC Associate Membership Application

Organisation Name:
Name:
Address:
Zip/Post CodeZip/Post Code
Telephone(s)
E.Mail(s):
Website:
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 Organization Logo and Passport size head and shoulders photo (not essential) for all key personnel to be listed: