



# ERNAKULAM CHESS ASSOCIATION MEMBERSHIP AFFILIATION FORM

1.Name of Organization/Institution	
2.Address of the Organization/Institution	
3.The Year in which year the Organization/ Institution started functioning	
4. Details of Chess activities conducted by the Organization/ Institution	Please attach
5.Names of President, Secretary and Treasurer of Organization/Institution	
6.Name of Persons representing the Unit	
7.Contact Numbers of the representatives	
8. Email Id:	
9.Signature of authorized Person with designation	

## Declaration

1. I/we \_\_\_\_\_ declare that the particulars given above are true to the best of my knowledge and belief.

2. I/We also declare that I/We shall abide by the rules and regulations and the latest amendments and decisions of the Chess Association / Federation as the case may be and cooperate with the officials in participating in District, State and National Tournaments / Championships.

3. I/we also declare that I/we will not participate in any un-authorized tournament / championship

Note: Application to be submitted along with a fee of Rs. 1000/-.

Admitted on ----- . Affiliation Number .....

Secretary

ECA