



APPLICATION FORM FOR HELPER PASSPORT

Applicant's Name: _____

Home Address: _____

Phone Number: _____ Mobile _____ Email _____

Date of Birth _____ Club Member of WMA? YES NO (circle) Which Affiliate? _____

Member of another club or Organization? YES NO (circle) If so, what is the name? _____

Applicant's Signature _____

Previous Helper License? YES / NO (circle) Lic. No: _____ Which Organisation?: _____

I verify that the above applicant is currently working as Training Helper in my club and has done so for a period of one year and has been verified by the Club to apply for a Helper Passport.

Club Secretary _____ Date _____

Club Secretary's Signature _____

Date of Certification Test _____ Place of Test _____

Officiating Judge _____ Signature _____

Chief Judge _____ Signature _____

OFFICE USE

Passport approved till _____

Signature WMA Administrator of Records _____

Transfer Date (if applicable): _____

Issue Date (new): _____

Passport extended till _____ Administrator's Signature _____

Passport extended till _____ Administrator's Signature _____

Passport extended till _____ Administrator's Signature _____

Passport extended till _____ Administrator's Signature _____

Passport extended till _____ Administrator's Signature _____