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| CombAT Athletes ASSISTANCE Network, Inc. | https://static.wixstatic.com/media/56f3b7_b9725a246484460faced481adebe555e.png/v1/fill/w_258,h_180,al_c,usm_0.66_1.00_0.01/56f3b7_b9725a246484460faced481adebe555e.png |
| 651 Valley Road, P.O. Box 1402, Hockessin, DE 19707 |

CAAN MEMBERSHIP APPLICATION

Personal Information

Name:

Address:

Age: DOB:

Telephone Number: E-mail:

Combat Athlete Information

Sport (Circle One): Boxing/MMA

Current Career Status (Circle One):

Amateur-Aspiring Pro (**NOTE:** **At Least 10 amateur bouts** are required for an Amateur-Aspiring Pro CAAN member to be eligible for CAAN membership as an Active Pro)

Active Pro

Retired Pro

Federal Boxing ID # (if applicable):

If retired, would you be interested in serving as Combat Athlete Advocate-Advisor?

Boxing/MMA Gym (If Applicable)

Name of Gym:

Name of Gym Contact Person:

Name of Boxing Trainer (If Different from Above):

Gym Address:

Telephone Number: E-mail:

Boxing Manager/Promoter (If Applicable)

Name:

Address:

Telephone Number: E-mail:

***\*CAAN, Inc. reserves the right to suspend or revoke the membership of any CAAN member, if said CAAN member’s conduct is deemed improper and inconsistent with CAAN, Inc.’s stated mission.***