MEMBERSHIP APPLICATION FORM

Applicant Information:

Organization: ..............................................................................................................................
Contact Position: .................................. Title: .................................................................
Contact First Name: ........................................ Surname: ..................................................
Address: ................................................................................................................................. ZIP CODE: ......................
City: ............................................................... Country: ..................................................
Phone: +.................................................. E-mail: ..........................................................
Fax: +........................................................ Website: ........................................................

NATIONAL ORGANIZATION REPRESENTING (COUNTRY): ________________________________

INDIVIDUAL MEMBER REPRESENTING (COUNTRY): ________________________________

Required Attachments in case of an organization:
- Organization statutes or constitution.
- A copy of the applicant’s certificate of legality as issued by the relevant authority
- List of the board members of the organization
- Minutes of the last election of the board

Required Attachments in case of an individual:
- Passport
- ID Card

I hereby certify that all the above information is correct.

Signature: ................................................................. Date: ..............................................

Please return the completed application form via e-mail or post to: office@fisptsportforall.org