



Questionnaire
for applying for IFAF Membership

Application Form

IFAF Membership

FULL NAME OF THE INTERNATIONAL SPORT ORGANIZATION APPLYING FOR IFAF MEMBERSHIP:

In English:

(if in another language above)

Official address of Organization:

Correspondence address:

(if different from official address)

Telephone number:

Telefax
number:

E-Mail address:

Website:

Facebook address:

Twitter address:

Application Form

IFAF Membership

FULL NAME OF PRESIDENT:

Address:

Telephone number:

Telefax
number:

E-Mail Address:

FULL NAME OF SECRETARY GENERAL/ CEO:

Address:

Telephone number:

Telefax
number:

E-Mail Address:

Name(s) and address(es) of other Main Office Holder(s), including Executive Committee Members:

(Please indicate names of posts, and attach a list if necessary)

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IFAF Membership

UNDERTAKING

As a Member of the IFAF, we agree to abide by the IFAF Governing Rules, and we agree to abide by the decisions of the IFAF General Meeting and Managing Board. We also confirm that we agree to submit any dispute to the exclusive jurisdiction of the Court of Arbitration for Sport (CAS), as provided for by the IFAF Constitution.

We commit to prompt settlement of all financial obligations towards IFAF, and to informing IFAF promptly of any changes of our Federation's main office-holders. We do also confirm that we will follow the IFAF statutes and decisions by IFAF.

We agree to inform IFAF if our Organization ceases to be the most representative international body for our sport(s), or if another body is challenging our position.

Attached documents	X
Statutes of the organization (in English or French)- MANDATORY	<input type="checkbox"/>
Letter of recognition of Ministry of Sports	<input type="checkbox"/>
Letter of recognition of NOC	<input type="checkbox"/>
Other	<input type="checkbox"/>

**Signature of
President**

Date

Name:

**Signature of Secretary
General/ CEO**

Date

Name: