



## Application for Associate Membership

We would like to become an Associate Member of the International Committee of Sports for the Deaf.

**FULL NAME OF AN ASSOCIATION:**

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**OFFICIAL POSTAL ADDRESS:**

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*(Country)*

**FAX NUMBER:** + \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**NAME OF PRESIDENT**

**NAME OF SECRETARY GENERAL**

\_\_\_\_\_  
Deaf? YES  NO

\_\_\_\_\_  
Deaf? YES  NO

We hereby apply for Associate Membership of the International Committee of Sports for the Deaf and attach herewith:

- an English translation of our Constitution/Statutes and regulations
- Current financial reports
- Certificate of support by International Sports Federation, etc.

We agree that if granted membership, our Association will be bound by the International Committee of Sports for the Deaf Constitution.

\_\_\_\_\_  
(Signature)  
PRESIDENT

\_\_\_\_\_  
(Signature)  
SECRETARY GENERAL

**(Appendix 2)**