



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:

OFFICIAL POSTAL ADDRESS:

(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)