



INTERNATIONAL SECTORBALL FEDERATION

MEMBERSHIP APPLICATION FORM

APPLICANT FEDERATION/ASSOCIATION INFORMATION

Federation/Association Official Name:	
Official Federation/Association or Friendly Association/Club:	Official TAX/Registration number:
Date of foundation:	
Official address:	
City:	Country:
ZIP Code:	Web page address:
Official email address:	Official Phone Number:
Official representative name:	
Position:	
Phone number:	
E-mail:	
Number of registered clubs:	Number of registered players:
Federation/Association short name (abbreviation):	*Official registration papers and logo must be submitted for Official Federation/Association
I, _____ hereby declare that the _____ Federation/Association request submission to the International Sectorball Federation.	
Name of application official representative:	Date:
Signature of applicant official representative:	
To be filled by ISBF representative:	
Application accepted/rejected:	
Name of ISBF representative:	Date:
Signature of ISBF representative:	