



MEMBERSHIP APPLICATION FORM

Please return completed form by to:

TAFISA

Commerzbank AG, Filiale F-Höchst, Hostatostr. 2-4, 65929 Frankfurt am Main, Germany

Fax: +49 (0) 69 97 39 35 99 25, Email: info@tafisa.org

Applicant Information:

Organisation:

Contact Position: Title: Ms / Mr / Dr / Prof / other:

Contact First Name: Surname:

Address:

Country:

Phone: + E-mail:

Fax: + Website:

Member Category:

- National Member – € 350 per year (plus € 15 for bank charges)**
(National umbrella Sport for All organisations)
- International Member – € 350 per year (plus € 15 for bank charges)**
(Institutions promoting Sport for All and physical activity internationally)
- Supporter Member – € 300 per year (plus € 15 for bank charges)**
(Individuals or institutions offering or promoting Sport for All and physical activity, including (active) cities, communities and citizens)

Applicant Acknowledgments:

- This application is in accordance with the TAFISA statutes which have been received and understood.
- It is the exclusive right of the TAFISA General Assembly to approve membership applications.
- The Board of Directors can grant provisional approval of applicants prior to the General Assembly.
- TAFISA membership implies the on time payment of an annual membership fee. Note bank details:

Receiver: TAFISA
Bank: Commerzbank Frankfurt – Höchst Branch
Account No: 73 89 000
Swift Code: COBADEFF002
IBAN No: DE58 5004 0000 0738 9000 00

Required Attachments:

- Organisation structure incl. Board Members
- Organisation statutes or constitution
- Proof of payment of annual fee for current year (if membership is denied, this will be refunded)
- Notes on applicant's recent achievements in the field of Sport for All and physical activity
- Notes on applicant's future priorities in the field of Sport for All and physical activity

Other Comments:

Signature: Date: