

IFA APPLICATION FORM

Name of the organization

Phone:

Email:

Postal Address:

Street/building number/office number

Zip-code, City

Country

Date founded

Number of members as of today:

Individual

Collective (clubs, associations etc.)

Management, contact person

Name

Position

Phone

Email

Is your organization a member of other international sport organizations?
If yes, please provide names.

Form filled by

Name

Position

Phone

Email

Please send this form to: apply@armsportfederation.com