

Name of National Sports Association: .....

Street Address: .....

City and Zip/Postal Code: .....

Country of Incorporation: .....

Registration No: .....

Authorized Person: .....

(the National Sports Association)

### Membership List

Voting members:

	City/Place	Designations	Web
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

I declare that the information provided in this application is true and to the best of my knowledge and belief. I understand that any false or misleading statement in this form could lead to disciplinary action being taken against me and/or may invalidate any decision reached on this application. We shall observe and abide by the Rules and Regulations of the *WFF* if We are admitted as a member of *WFF*.

Secretary/  
President: \_\_\_\_\_  
Please Print

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(dd/mm/yy)