

Membership Application Form

On behalf of my Institution/Organisation I hereby apply for membership in the ISNO (International Sport Network Organization).

| | |
|---|--|
| Name of Institution/Organisation | |
| Name of Representative | |
| Function of Representative | |
| Street Address | |
| Postal Code and City | |
| Country | |
| Contact Telephone number | |
| Email | |
| Web address | |

Please tick the appropriate category (even more than one tick)

| | |
|--------------------------|--------------------------------|
| <input type="checkbox"/> | Sport Club |
| <input type="checkbox"/> | School |
| <input type="checkbox"/> | National Organization |
| <input type="checkbox"/> | International Organization |
| <input type="checkbox"/> | International Sport Federation |
| <input type="checkbox"/> | National Sport Federation |
| <input type="checkbox"/> | National Olympic Committee |
| <input type="checkbox"/> | If other please state here: |

Number of members: _____

Number of clubs: _____

Number of disable: _____

Activities: _____

Are you officially recognised by a national institution/federation/committee? If yes, which one?

Are you officially recognised by an international institution/federation/committee? If yes, which one?

Date and Signature:

Form to be sent to info@internationalsportnetworkorganization.org