



APPLICATION FORM

Membership of Deaf International Basketball Federation, DIBF

.....
Country

.....
National Deaf Sports Federation/National Deaf Basketball Organisation
(Please, see DIBF Constitution and Statutes)

.....
.....

.....
Address

.....
Fax

.....
E-mail address

Number of deaf basketball players: Women: Men:

Number of deaf basketball clubs:

.....
National TD of Deaf Basketball, name and e-mail/fax

A-membership:

We agree to pay membership fee 75 USD for year 2004
Bank account: Deaf International Basketball Federation, 8327-9, 974 981 812-7
Address: Swedbank, SE – 105 34 Stockholm, Sweden
Swift address: Swedsess
Please, use Internet for payment. Do not send cheques.

B-membership:

.....
President of National Deaf Sports Federation/National Deaf Basketball Organisation

Please, send or fax application form to:

DIBF Secretary General, Kjell Gunnå
Spångavägen 108
S – 168 58 Bromma
Sweden

Fax: +46 8 87 12 70