

# Membership Application Form

## General Information:

Country: \_\_\_\_\_

Name of National Federation: \_\_\_\_\_

## Contact Information:

Position	Name	Email	Mobile #
President			
Secretary-General			

## Conditions & Rights of DIBF Membership:

- We understand and follow the DIBF General Statutes, the DIBF Internal Regulations, and all other DIBF Regulations
- We agree to pay the DIBF membership fee **\$100 USD** annually
- We have voting rights for the DIBF World and Regional Congresses

DIBF Bank Information:	
Bank Leumi LLB No. 835 52 Hadekel Street Tel Mond 40600 ISRAEL	Account number: 19065/44 Swift address: LUMII LIT IBAN: IL 26 0108 3500 0000 1906 544 Deaf International Basketball Federation in trust of Yaakov Keren

## DECLARATION OF UNDERSTANDING

We hereby certify that the statements and information in this application form are true and correct to the best of our knowledge.

_____	_____	_____
Date	President	Secretary General
	National Deaf Sports Federation/ National Deaf Basketball Association	National Deaf Sports Federation/ National Deaf Basketball Association

**\*\*Please submit the form and payment by 30 April 2026\*\***

## For DIBF Use Only:

Date Received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Decision: ☐ Approved ☐ Not Approved