



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
National Deaf Sports Federation/
National Deaf Basketball Association

Secretary General
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