

# 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 of **\$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: 1906564 Swift address: LUMII LIT IBAN: IL260108350000001906564 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 completed form and payment no later than 30 June 2026.**  
The form should be sent to the DIBF Secretary General at [destefano@dibf.org](mailto:destefano@dibf.org)

## For DIBF Use Only:

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