Membership Application Form

As its entitled representative, I hereby apply for membership with the International Council of Sport Science and Physical Education for the following institution/organisation:

Institution/Organisation	
Title, Name and Position within organisation of Legal Representative	
Title, Name and Position within organisation of Contact Person	
Street	
Postal Code	
City	
Country	
Telephone	
Email	
Internet Address	

Please propose a category*:

		Annual membership fee
	Governmental organisation	450,00 €
	Non-governmental sport organisation	270,00 €
	Scientific, Educational organisations and institutes	270,00 €

*Kindly note that a final decision regarding the correct category is subject to the decision of the ICSSPE Executive Board.

The following material is also provided (e. g. statutes, letter of motivation, list of elected officers):

_____, _____, _____

I herewith declare to respect the statutes of ICSSPE and the decisions made on their basis.

Signature: _____ _____
Applicant Legal Representative

Gefördert durch:
Bundesministerium des Innern
aufgrund eines Beschlusses des Deutschen Bundestages
be Berlin Sports Metropolis