

**Member Application Form**

Ver 2019

FIPS-Mouche International Sport Fly Fishing Federation

**MEMBERSHIP APPLICATION FORM**

|  |
| --- |
| **Applicant Federation** |
| **Name:** |  |
| **Country:** |  |
| **Street:** |  |
| **Town:** |  | **Zip code:** |  |
| **Email:** |  | **Website:** |  |
| **Phone:** |  | **Fax:** |  |

|  |  |
| --- | --- |
| **SPOC** | **Single point of contact (e.g. secretary, president, head of FF committee...)** |
| **First name:** |  | **Surname:** |  |
| **Email:** |  | **Phone:** |  |

|  |
| --- |
| **Competition stats****(can be estimated)** |
| **Number of competitors in your federation:** |  |
| **Number of recreational (no-comp) fly fishers in your federation:** |  |
| **Number of FF competitions organized annually:**  |  |

Hereby **I apply for membership in FIPS-Mouche as “Ordinary” / ”Candidate” Member** (pick one category only, explanation see in Statutes)and declare that:

* I took note of the FIPS-Mouche Statutes and Competition rules (current version available on the FIPS-Mouche website [www.fips-mouche.com](http://www.fips-mouche.com) )
* I took note of the CIPS Statutes (current version available on the CIPS website [www.cips-fips.com](http://www.cips-fips.com))
* our federation complies with and will adhere to both FIPS-Mouche and CIPS Statutes and Rules.

|  |
| --- |
| **Motivation for becoming a Member:** |
|  |

**Application process:**

1. Fill-in all above required fields
2. Attach a copy of Statutes of the Applicant Federation
3. Attach a copy of Certification of Eligibility of Applicant Federation to represent its country in fly fishing issued by National Authority
4. **Copy/scan of signed Application form** **+ Statutes + Certification** send to the following two instances:

- CIPS secretariat

Postal address: Viale Tiziano 70, IT-00196 Roma, Italy

Email: cipssecretariat@cips-fips.com

- FIPS-Mouche President

Postal address: Mario Podmanik, Dvojkrížna 6, 821 07 Bratislava, Slovakia

Email: mario.podmanik@gmail.com

|  |  |
| --- | --- |
| **Date of submission (DD/MM/YYYY) :** |  |

|  |  |
| --- | --- |
|  |  |
| **Signature of the President****of Applicant Federation** | **Stamp of the Applicant Federation****(if applicable)** |