

**Member Application Form**

Ver 2019

FIPS-Mouche International Sport Fly Fishing Federation

**MEMBERSHIP APPLICATION FORM**

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

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

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| **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.

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| **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](mailto:cipssecretariat@cips-fips.com)

- FIPS-Mouche President

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

Email: [mario.podmanik@gmail.com](mailto:mario.podmanik@gmail.com)

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

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