

IASSRF – International Amateur Snowshoe Racing Federation

www.internationalsnowshoeracing.com

(Please complete this form in ENGLISH or FRENCH. Thank you!)

IASSRF Mission Statement: The primary mission of the IASSRF is to serve as the International governing body for the Sport of Snowshoe Racing and to assist in the organization and governance of the various National governing bodies for Snowshoe Racing around the World!

APPLICATION FOR MEMBERSHIP

Membership Level: ATHLETE EVENT National Governing Body Organization

I. Membership in the IASSRF:

- a. Name: _____
- b. Address: _____
City: _____ Province/State: _____
Country: _____ Postal Code: _____
- c. Telephone Number (include Country Code): _____
- d. Website/URL Address: _____
- e. Email Address: _____
- f. Organization's Purpose/Mission: _____
- _____
- _____

II. Chief Officer of Organization:

- a. Name: _____ Organizational Title: _____
- b. Address: _____
City: _____ Province/State: _____
Country: _____ Postal Code: _____
- c. Telephone Number: _____ Website/URL Address: _____
- d. Email Address: _____
- e. Signature of Chief Organizational Officer: _____ Date: _____

III. Does this organization currently conduct National Snowshoe Championships? YES or NO

IV. Does this organization currently recognize a National Snowshoe Team? YES or NO

V. Does this organization currently conduct snowshoe race events? YES or NO

VI. If YES.....please provide information on these snowshoe events.

VII. Annual IASSRF Membership Fee: At this time, initial membership is **FREE OF CHARGE!**

VIII. Each Member Organization is permitted to appoint two delegates to the IASSRF Executive Committee. The Executive Committee is the decision-making body of the IASSRF and will work with the International Olympic Committee to satisfy the requirements for eventual inclusion in the Winter Olympic Program.

IX. Please designate your Organization's two IASSRF Delegates (They each serve concurrent two year terms):

- | | |
|-----------------------------------|-----------------------------------|
| 1. Name: _____ | 2. Name: _____ |
| Address: _____ | Address: _____ |
| City: _____ Province/State: _____ | City: _____ Province/State: _____ |
| Country: _____ Postal Code: _____ | Country: _____ Postal Code: _____ |
| Phone Number: _____ | Phone Number: _____ |
| Email Address: _____ | Email Address: _____ |

**Return this form by post to: Mark Elmore, IASSRF Secretary, 106 Open Hearth Court,
Knightdale, North Carolina, 27545, USA**
