<Attachment 1> (Regular Member)

Date (YYYY/MM/DD):

　To the President of the International Ground Golf Federation

　　　　　　　　　　　　　　　　Name of Member Organization:

Personal Stamp

or Signature

　　　　　　　　　　　　　　　　Name of Organization President:

**Application to Join the International Ground Golf Federation (Regular Member)**

Our association hereby applies to become a regular member of the International Ground Golf Federation and swears to strictly adhere to and uphold the provisions, rules, equipment standards, and tournament management policies of the International Ground Golf Federation and to pay the stipulated membership fee.

|  |  |
| --- | --- |
| Name of Country or Region |  |
| Name of Organization (Association) |  |
| Number of Members |  |
| Name of Representative |  |
| Address of Office & Name of In-Charge Staff |  |
| Phone, FAX, & E-mail Address  |  |
| Other Items & Comments |  |

*(Note) Applicants must also attach the rules of their organization as well as a list of its directors to this form.*

<Attachment 1-2> (Associate Member)

Date (YYYY/MM/DD):

　To the President of the International Ground Golf Federation

　　　　　　　　　　　　　　　　Name of Individual, Organization, or Business:

Personal Stamp

or Signature

　　　　　　　　　　　　　　　　Name of Representative:

**Application to Join the International Ground Golf Federation (Associate Member)**

Our association hereby applies to become an associate member of the International Ground Golf Federation and swears to strictly adhere to and uphold the provisions, rules, equipment standards, and tournament management policies of the International Ground Golf Federation and to pay the stipulated membership fee.

|  |  |
| --- | --- |
| Name of Country or Region |  |
| Name of Organization (Association) |  |
| Number of Members |  |
| Name of Representative |  |
| Address of Office & Name of In-Charge Staff |  |
| Phone, FAX, & E-mail Address  |  |
| Other Items & Comments |  |

*(Note) Applicants must also attach the rules of their organization as well as a list of its directors to this form.*