

## GLISA - MEMBERSHIP APPLICATION FORM

Name of Organization: \_\_\_\_\_

Type of Organization (check one):  International Federation (LGBT sport)  
 International Federation (other)  
 City Team  
 Sport Club (single sport)  
 Sport Club (multi-sport)  
 Associate  
 Other (please describe) \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone/Fax/E-mail/Web Site Coordinates: \_\_\_\_\_  
\_\_\_\_\_

Describe briefly the mandate of your organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe briefly the membership of your organization, including approximate membership numbers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe briefly the scope and frequency of your organization's events: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long has your organization existed? \_\_\_\_\_ years

NOTE: Please attach a list of your current Executive Committee and/or Board of Directors. You may also attach any other materials you feel are appropriate.

### **Declaration**

I declare that I am an authorized representative for the applicant organization and that the information provided in this membership application is complete and accurate.

\_\_\_\_\_  
Name of Official Representative (Please print)                      Signature                      Date

Please complete and submit this application form, along with attachments, to GLISA:

**By mail:** P.O. Box 4065  
St. Catharines, Ontario  
Canada L2R 7S3

**By fax:** +1-905-682-6295  
**By e-mail:** info@glisa.org