



NAME OF ASSOCIATION:

DATE:

I wish to apply, on behalf of the above Association, for Membership of the Squash Federation of Africa SFA. I confirm that the relevant requirements have been met and the necessary documents are enclosed.

- I confirm that my Country has **AT LEAST ONE SQUASH COURT**.
- I confirm that the Association is the **International Association** of my Country and I attach written evidence of this from our National Olympic Committee. (Such evidence will normally be a letter from the country's NOC; in exceptional cases, a letter from the national government sports ministry or equivalent authority may be accepted.)
- I enclose a copy of our association's written Constitution.
- I enclose a list of the names, addresses, email addresses and telephone numbers of the Executive Committee of the association.
- I enclose a copy of the most recent annual accounts for the association.

I note that membership is subject to confirmation by **two-thirds** of those Member Associations voting at the next SFA Annual General Meeting.

(If the membership application is approved by Members, the payment will be put towards the subscription due; if the application is not approved, the payment will be returned.)

I enclose 150 **USD** for **FULL** membership.

Please tick the relevant box:

My Country IS a member of the World Squash Federation.

OR

My Country IS NOT a member of the World Squash Federation

Signed:

Name (in capital letters):

Position in Association:

Address of Association:

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Telephone Number:

E-mail:

Valid from 01.01.2021