



# REGISTRATION FORM

## IBDF - W

### SINGLE MEMBER

Surname / First Name

Place of residence

Country

Date of birth

Place of birth

Available at

E-Mail

Association / Club

Organization

With my signature I accept the statutes and regulations of IBDF-W and IBDF-D.

I transfer the respective annual fee from EUR 12.00 to 1st of december each year.

I enclose the registration fee of currently EUR 10.00.

I authorize the IBDF to save my data for association purposes and to publish my name and degree in the IBDF media.

Signature of applicant

Signature of legal  
guardians for minors

Confirmation of the  
association

Stamp and  
signature

- **Documents to be enclosed** : Current photo

- **Note:** If there is any doubt about the applicant's mental suitability, the IBDF board can request a police certificate of good conduct at any time, even after the application has already been accepted.