

IGBO APPLICATION

ASSOCIATE APPLICATION

Name: _____

Address: _____

City/State: _____

Zip/Post Code: _____ **Country:** _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Fax: _____

Email Address: _____

APPLICANT'S AUTHORIZATION

Associate Membership is extended to individuals who then receive all of the benefits of IGBO (copies of the Newsletter, tournament participation, etc.), except voting rights. Voting rights are reserved to member Leagues and Tournaments.

Privacy: All personal data on this form is confidential to the IGBO Board of Directors and will not be released to any other persons or organizations without your written consent. However, your contact data will be added to IGBO listings for the IGBO Newsletter, mailings and other communications.

For **additional information** regarding IGBO, please contact the IGBO Secretary, your Regional Director or any member of the Board of Directors – communications information is shown in the Newsletter and on IGBO's Internet Website at <http://www.igbo.org>.

Signed: _____ **Date:** _____

Supported by: [League/Tournament Rep., Regional or other Director, existing Associate Member]

(Print Name) _____ (Sign here) _____

Please submit this completed form and your annual membership fee of \$25.00 (US) to:

John Kincheloe, IGBO Secretary, 902 Ramblewood Dr, Lewisville, TX 75067

For further information, contact John Kincheloe at (214) 566-9803 or via e-mail at secretary@igbo.org