

# IGBO APPLICATION

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## ASSOCIATE APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip/Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Gender (M/F): \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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## 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 the IGBO tournament official or your Regional Director. Tournament officials, please submit this form and membership fee to your Regional Director.**

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