

# **INTERNATIONAL LIFE SAVING FEDERATION**

Gemeenteplein 26 - 3010 Leuven - Belgium

Tel: +32 16 896060 - E-mail: [ils.hq@telenet.be](mailto:ils.hq@telenet.be) - Web: [http://www.ilsf.org](http://www.ILSF.ORG)

**M E M B E R S H I P A P P L I C A T I O N**

**As a condition of membership, you agree to maintain affiliation or membership of your national lifesaving organisation.**

**Please complete legible, in CAPITAL LETTERS**

|  |
| --- |
| My National Organisation is: |

**Information**

|  |  |
| --- | --- |
| **FAMILY NAME** |  |
| **FIRST NAME** |  |
| **DATE OF BIRTH** |  |
| **MAILING ADDRESS**   * **Street and Number** * **Zip and City** * **State or Province** * **Country** |  |
| **Telephone** |  |
| **E-mail** |  |

**Application** Please tick

|  |  |
| --- | --- |
| **I apply for 2 years membership (bronze): 100 Euro** |  |
| **I apply for 5 years membership (silver): 500 Euro** |  |
| **I apply for 10 years membership (gold): 1,000 Euro** |  |
| **I apply for 25 years membership (platinum): 5,000 Euro** |  |

**Method of payment** Please tick

|  |  |  |
| --- | --- | --- |
| **Money transfer** | **VISA** | **MasterCard** |
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| --- | --- | --- | --- |
| **Card Number:** |  | **Expiry Date:** |  |

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| **ILS Bank details** | **Bank: BNP Paribas Fortis, 3010 Leuven, Belgium**  **IBAN (International bank account number) BE91 0012 4219 9376**  **BIC (Bank international code) GEBABEBB** |

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| I have read and understand the terms of ILS membership and I agree that ILS will use my data to add it to its confidential kept database. |

**Name and date,**

**------------------------------------**