



**International Boxing Federation**  
**OFFICE OF THE PRESIDENT**  
 899 Mountain Ave., Suite 2E  
 Springfield, NJ 07081  
 Phone: 973-564-8046 ~ Fax: 973-564-8751  
[www.ibf-usba-boxing.com](http://www.ibf-usba-boxing.com)

**2024 APPLICATION FOR ASSOCIATE MEMBERSHIP**

It is my understanding that membership will be granted in accordance with the by-laws of the IBF. I further understand that as a member I will be recognized and granted the courtesy of the floor at annual conventions, and will be entitled to vote in accordance with the by-laws. **As a judge or a referee, I understand that being a member does not automatically entitle me to assignment and that I will only be considered by the organization for a world title bout or an eliminator bout after three consecutive years of being a licensed official.**

**\*\*Promoters please note that the \$250 fee is for Associate Membership only. Promoter registration fees are listed in the fee schedule and corresponding registration form according to title.\*\***

My association with professional boxing is: (check one or more below)

- |          |                          |                |                          |           |                          |
|----------|--------------------------|----------------|--------------------------|-----------|--------------------------|
| PROMOTER | <input type="checkbox"/> | MATCHMAKER     | <input type="checkbox"/> | PHYSICIAN | <input type="checkbox"/> |
| MANAGER  | <input type="checkbox"/> | TIMEKEEPER     | <input type="checkbox"/> | WRITER    | <input type="checkbox"/> |
| REFEREE  | <input type="checkbox"/> | ANNOUNCER      | <input type="checkbox"/> | BOXER     | <input type="checkbox"/> |
| JUDGE    | <input type="checkbox"/> | TV COMMENTATOR | <input type="checkbox"/> | SUPPORTER | <input type="checkbox"/> |
| TRAINER  | <input type="checkbox"/> | SECOND         | <input type="checkbox"/> | OTHER     | <input type="checkbox"/> |

**PLEASE DO NOT TEAR**

Membership Dues are **\$250** for one year. **Memberships run from January 1 through December 31.**  
**Dues must be paid by May 1 for renewing members.**

Make check payable to IBF and return application to  
 Jeanette Salazar, IBF, 899 Mountain Ave., Suite 2E, Springfield, NJ 07081.

**\*\*PLEASE PRINT CLEARLY\*\***

**\*\*Include Passport size photo (no copies of pictures please)\*\***

**\*\*New member registering as official please submit a letter of recommendation from your commission\*\***

Name:		Date:	
Address:			
City/State/Province:			Zip Code:
Country:	Telephone: (Evening)		
Telephone: (Day/Mobile)			
E-mail:			
Patch/Badge (\$10 each) – Please circle:      Iron On                      Clip On                      Magnetic			

\* In order to qualify for the fees listed on the IBF Fee Schedule, the official must be a member of the IBF. A promoter shall not be required to pay the fees listed to a referee or judge who is not a member of the IBF. \*

PLEASE CONTACT JEANETTE SALAZAR WITH ANY QUESTIONS AT [JSALAZAR@IBFBOXING.COM](mailto:JSALAZAR@IBFBOXING.COM)