



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

2025 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. Anyone registering in any other capacity requiring a license must provide a copy of commission license for approval. ****

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