**International Boxing Federation**
**OFFICE OF THE PRESIDENT**
**899 Mountain Ave., Suite 2E**
**Springfield, NJ 07081**
**Phone: 973-564-8046**
**www.ibf-usba-boxing.com**

# 2027 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** | ☐ | **MATCHMAKER** | ☐ | **PHYSICIAN** | ☐ |
| **MANAGER** | ☐ | **TIMEKEEPER** | ☐ | **WRITER** | ☐ |
| **REFEREE** | ☐ | **ANNOUNCER** | ☐ | **BOXER** | ☐ |
| **JUDGE** | ☐ | **TV COMMENTATOR** | ☐ | **SUPPORTER** | ☐ |
| **TRAINER** | ☐ | **SECOND** | ☐ | **OTHER** | ☐ |

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**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**