

Membership Application Form

This form should be used by all organisations seeking to become members of Virtus. Please complete the form fully and attach all necessary supporting documents.

CATEGORY OF MEMBERSHIP: (tick 1 only)

A - Virtus National Member Organisations

B - Virtus Regions

C - National Federations
of Sport

D - International Federations / Organisations of sport

E - Individual Members

CONTACT DETAILS:

Contact name:

Email address:

Organisation name:

Website address:

Position held:

Postal Address:

ORGANISATION INFORMATION:

Which sports are regularly practiced by athletes with intellectual impairment in your nation?

ATHLETICS

BASKETBALL

CRICKET

CYCLING

EQUESTRIAN

FOOTBALL

FUTSAL

GOLF

JUDO

KARATE

PARA-HOCKEY

ROWING
(INDOOR)

ROWING
(ON WATER)

SAILING

SKIING
(ALPINE)

SKIING
(NORDIC)

SWIMMING

TAEKWONDO

TABLE TENNIS

TENNIS

When was the
organisation formed?

How many athletes with
an intellectual impairment
are supported by your
organisation?

ORGANISATION OFFICIALS AND POSITIONS:

1. Name:

Qualifications/Experience:

Position held:

2. Name:

Qualifications/Experience:

Position held:

3. Name:

Qualifications/Experience:

Position held:

4. Name:

Qualifications/Experience:

Position held:

5. Name:

Qualifications/Experience:

Position held:

NATIONAL OFFICERS (Membership categories A & C only)

National Eligibility Officer Name:	<input type="text"/>	Contact Email:	<input type="text"/>
Phone (incl. country code):	<input type="text"/>	Qualifications:	<input type="text"/>
Membership of professional bodies:	<input type="text"/>		
National Medical Officer Name:	<input type="text"/>	Contact Email:	<input type="text"/>
Phone (incl. country code):	<input type="text"/>	Qualifications:	<input type="text"/>
Membership of professional bodies:	<input type="text"/>		
National Anti-Doping Officer Name:	<input type="text"/>	Contact Email:	<input type="text"/>
Phone (incl. country code):	<input type="text"/>	Qualifications:	<input type="text"/>
Membership of professional bodies:	<input type="text"/>		

Note: A photocopy of each officers qualification/membership of professional body should be attached to the application.

MEMBERSHIP AGREEMENT

- Applicants confirm that they meet the criteria for Virtus Membership and will adhere to the obligations as set out in the [Virtus Membership policy](#).
- Applicants are committed to the promotion of sport for athletes with an intellectual impairment and will observe the member code of conduct at all times.
- Applicants agree to uphold the principles and policies of Virtus including, but not limited to, the Virtus code of ethics, anti-doping policies and practices and eligibility and classification. Applicants understand that membership may be suspended where such policies are not observed. All policies are available at [virtus.sport](#).
- Applicants confirm that the information contained and attached to this form is true, accurate and complete - to the best of the applicants knowledge and belief. Applicants understand that membership is solely at the discretion of the Virtus Governing Board and is subject to ratification by the Virtus membership.
- Applicants agree to use the Virtus logo in accordance with Virtus brand guidelines and will take all possible precautions to protect the organisation and its brand.
- Applicants agree that personal information and data will be stored and shared by Virtus in accordance with the data sharing policy.

Signature of applicant:

Signature of President or Secretary General:

Position/Office held: Date signed:

Completed applications should be sent by email to membership@virtus.sport

Please remember to include all attachments:

Completed application form

Copy of organisational constitution or governing document (in English where possible)

Copy of NEO qualifications (category A & C only)