



INOC – MEMBERSHIP-ACCREDITATION/RENEWAL FORM

Category - Sports Institute Accreditation

All prospective members of International Non-Olympic Committee – INOC is required to complete this registration form. Indicate any changes; Membership runs from round the year. **NEW MEMBERSHIP** **RENEWAL** **Changes for directory?**

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Prof					
NAME OF PERSON						
INSTITUTION'S NAME						
POSITION/DESIGNATION				MAIN TELEPHONE		
ADDRESS 1				WORK TELEPHONE (if different)		
ADDRESS 2				HOME TELEPHONE		
TOWN/CITY				MOBILE/WHATSAPP		
ZIP CODE				PRIMARY EMAIL		
COUNTRY:				SECONDARY EMAIL		

*Star the e-mail and phone number you would like listed in the directory

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Annual)	Please Check
UNIVERSITY (Regular)	The Regular University is eligible Membership	\$1000	
UNIVERSITY (Online)	The Online University is eligible Membership	\$750	
INSTITUTE/COLLEGE	The Institute/College is eligible Membership	\$750	
SCHOOL	The School is eligible Membership	\$350	
INDIVIDUAL	The Individual (Professor/Lecturer/Teacher) is eligible Membership	\$350	
PAYMENT METHOD	<input type="checkbox"/> Online Payment <input type="checkbox"/> Pay Pal <input type="checkbox"/> Western Union <input type="checkbox"/> Others		

Paste your recent colour photograph

SECTION 3: MEMBER INFORMATION

OCCUPATION /INFORMATION/JOB TITLE:
Member INOC: <input type="checkbox"/> Yes <input type="checkbox"/> No Would you like to receive INOC/It's Organs membership information? : <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Registering Authority of your Institution: _____ Registered on Dated: _____
How many registered students in your Institution: _____
What is your main objectives of your Institution: _____
Please indicate if you would be willing to serve on a chapter/committee etc.: <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time
Is there any interest specific area/committee you would like to serve on? _____ (Committees/Positions/INOC/ It's Organs are listed at http://www.non-olympic.org/organizational.html)
Permission to use photographic images: Photographs of INOC members may be used in various INOC communications incl. the newsletter and website. Group photographs taken at INOC events may be used without identifying individual members. For individual photographs, please indicate your permission for use: ____ INOC/It's Organs have my permission to use and identify photographs of me. ____ INOC/It's Organs does not have permission to use and identify photographs of me. ____ INOC/It's Organs must contact me before using any identified photographs of me in INOC communications.

All disputes relating to membership, accreditation, services/privileges, issue of Identity Cards, Certificates and etc etc are governed by Civil Laws and Civil Courts only subject to Lucknow,(India)Jurisdiction.

Declaration: I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We aware that I/We may be held liable for it. I/We hereby authorize sharing of the information furnished on this form with the **International Non-Olympic Committee-INOC**.

Date: _____

Signature: _____

- **To pay online:** The Membership Fee in favour of “**International Non-Olympic Committee**” or You can Transfer the Amount through PayPal directly in **A/C NO. 2408000150174479, Bank Name:** Punjab National Bank, **SWIFT Code:** PUNBINBBLHG. **Bank Address:** Labagh, Lucknow-226001, India. **Tel. :** +91-522-2610342.
- Regardless of payment method used, please **make sure to send a copy of your payment transfer receipt/e-slip alongwith membership form** to membership@non-olympic.org . fill your details in e-mail, which includes, name, address, tel, fax, e-mail and cellphone Number. Payment received will be updated at **International Non-Olympic Committee** after 48 hrs.