

# APPLICATION FORM

WFSGI membership fees are defined according to company turnover or association/organization size. If you wish to become a member, fill out this form digitally, save and email it to: [rdekokck@wfsgi.org](mailto:rdekokck@wfsgi.org)



On receiving your form, we will contact you about next steps.

1

Indicate your category:

- INDUSTRY SUPPORTER  
 INDUSTRY SUPPLIER >> *specify all that apply:*
- Sports Brand    Supplier    Manufacturer  
 Retailer    Distributer/Importer

- NATIONAL ASSOCIATION/ORGANIZATION  
 REGIONAL ASSOCIATION/ORGANIZATION

Turnover in USD	Fees in CHF
<input type="checkbox"/> > 5 bln	33'000
<input type="checkbox"/> 2.5 bln - 5 bln	27'500
<input type="checkbox"/> 1 bln - 2.5 bln	22'000
<input type="checkbox"/> 500 mln - 1 bln	16'500
<input type="checkbox"/> 100 mln - 500 mln	11'000
<input type="checkbox"/> 50 mln - 100 mln	8'525
<input type="checkbox"/> 30 mln - 50 mln	5'500
<input type="checkbox"/> 10 mln - 30 mln	4'125
<input type="checkbox"/> 5 mln - 10 mln	2'750
<input type="checkbox"/> 2.5 mln - 5 mln	2'475
<input type="checkbox"/> 1 mln - 2.5 mln	2'200
<input type="checkbox"/> < 1 mln	1'650

Scale	Fees in CHF
Regional	
<input type="checkbox"/> Single member	12'000
<input type="checkbox"/> Country member from the regional organization	plus 4'000 per country
National	
<input type="checkbox"/> Large	12'000
<input type="checkbox"/> Medium	8'000
<input type="checkbox"/> Small	4'000

2

Add the option of becoming a Sustaining Member:

- Gold (20'000 CHF)       Silver (10'000 CHF)       Bronze (5'000 CHF)

3

Provide details about your company or organization:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Name of President/CEO/Owner: \_\_\_\_\_

4

**Declaration:** We hereby confirm that we have read and understood the WFSGI By-Laws and Code of Conduct and we agree to become a WFSGI Member. **We attach a company profile and a copy of the last audited accounts to confirm the turnover.**

Date: \_\_\_\_\_ Authorized signature: \_\_\_\_\_

Place: \_\_\_\_\_ Print Name: \_\_\_\_\_