IDF membership confirmation

Organization:	
Official Representative (Last name, First name):	
Country or Region	
President (Leader)	
Board Member (Position)	
Board Member (Position)	
Board Member (Position)	
Board Member (Position)	
Board Member (Position)	
Official Website, Contacts	
E-mail	

Declares the following:

☑ Our organization is a member of the IDF

☑ Our organization is recognized by our National Olympic Committee. Yes _____ No _____

☑ Our organization holds national championships annually. Yes ____ No _____

☑ Our organization develops, conducts at the national level, and participates in international draughts-64 competitions in the following disciplines:

Discipline of draughts-64	**Number of players (registered or licensed) in each discipline** (some players may be included in several disciplines):	**National Championships and Participation in Official IDF Competitions Yes / No**			
		National Championship	**Continental Championship**	**World Championship**	**World Cup**
International Version (Russian Draughts)					
Brazilian Draughts					
Pool Checkers					
…….					
…….					
…….					

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Signature and Organization Seal

Organization:	

Competitions held in 2025–2026

No	**Level**	**Age category, gender**	**Name**	**Date, location**
	Championships			
1.	National	Men		
		Women		
		Juniors		
		Boys and girls		
		Teams		
2.	Regional	Men		
		Women		
		Juniors		
		Boys and girls		
		Teams		
	Other			
	Other			
	Other events			
	Open			
	Teams			
	Veterans			
	Students			
	Schoolchildren			
	Other			
	Other			

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Signature and Organization Seal

Organization:	

Best athletes of the 2025-2026 season

Men

No	Surname, name	Date of birth	Title	Rating National	Rating IDF	Best result
1.						
2.						
3.						
4.						
5.						
6.						

Women

No	Surname, name	Date of birth	Title	Rating National	Rating IDF	Best result
1.						
2.						
3.						
4.						
5.						
6.						

Notes

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Signature and Organization Seal