|  |
| --- |
| **NADO Information** |
| Country of NADO: |
| Official Name of NADO:  |
| Acronym of NADO: |
| Postal Address: | Building: |
|  | Street: |
|  | Town: |
|  | County/Region: |
|  | Postal/ZIP Code: |
| Web site: |
| **Contact Information** |
| Contact Name: |
| Contact Position: |
| Phone: | Mobile: |
| Fax: | E-mail: |
| * I apply for membership in iNADO on behalf of the organisation above.
* I certify that the above organisation is recognised by the World Anti-Doping Agency as a Nationall Anti-Doping Organisation.
* I agree that the membership subscription will be remitted in US$ or EUR€ to iNADO within fourteen days of receipt of the invoice.
* By signing this document, I agree to iNADO’s [Data Protection Policy](https://www.inado.org/data-protection-policy) and allow iNADO to process the information I have provided in accordance with the provisions of the General Data Protection Directive of the European Union (EU-GDPR) and in compliance with the Telemedia Act.
 |
| Signature of Applicant: | Date: |

iNADO e.V. Membership Application

**Directory of Key Staff in your NADO**

Please fill in the requested information for the directory of key staff of iNADO members. If a position is not filled within your organization, please leave it open or indicate with n/a.

|  |  |  |  |
| --- | --- | --- | --- |
| Position | Name (Ms., Mrs., Mr.) | Job title | E-mail |
| 1. CEO
 |  |  |  |
| * 1. Main Contact for iNADO (if different than the CEO)
 |  |  |  |
| * 1. Head of Finance (if the invoice also should be sent to the finance department)
 |  |  |  |
| 1. Head of Communications
 |  |  |  |
| 1. Head of Testing
 |  |  |  |
| * 1. Head of Intelligence/ Investigations (if different than the head of testing)
 |  |  |  |
| 1. Head of Legal
 |  |  |  |
| * 1. Head of results management (if different than the head of legal)
 |  |  |  |
| 1. Head of prevention/

education |  |  |  |
| 1. Head of TUEs
 |  |  |  |
| 1. Science Manager
 |  |  |  |

**Key Information from Your NADO**

Please answer the following questions as carefully as possible.

|  |  |
| --- | --- |
| When was your NADO formally founded? |  |
| Does your country have anti-doping legislation? |  |
| Does your NADO have a medication database? |  |

Please send along with this application form the Logo of your NADO (.jpg/.png).