| **INADO Membership Application** | | | |
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| **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 of INADO on behalf of the organisation above.  I certify that the above organisation is recognised by the World Anti-Doping Agency as a National Anti-Doping Organisation.  I agree that membership subscription will be remitted in US$ to INADO within fourteen days of receipt of invoice. | | | |
| Signature of Applicant: | | | Date: |

**Notes**

1. The Board of Directors will consider this application and you will be notified of the result. At that time an invoice for the membership fee will be issued and payment is due in fourteen days.
2. Your attention is drawn to the Articles of Association that accompany this application form, in particular, to the liability of members set out at paragraph 4.1.
3. The membership year for INADO runs from 1st January until 31st December.

**Directory of key staff in your NADO**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position | Name  (Ms., Mrs., Mr.) | Job title | E-mail | Phone |
| CEO |  |  |  |  |
| Chief Operating Officer |  |  |  |  |
| Head of communications |  |  |  |  |
| Head of Intelligence/  Investigations |  |  |  |  |
| Head of Legal |  |  |  |  |
| Head of prevention/  education |  |  |  |  |
| Head of results management |  |  |  |  |
| Head of testing |  |  |  |  |
| Head of TUEs |  |  |  |  |
| Science Manager |  |  |  |  |

**Key information from your NADO**

Please answer the following questions as careful as possible.

|  |  |
| --- | --- |
| When was your NADO formally founded? |  |
| Does your country have an anti-doping legislation? |  |
| Does your NADO have a medication database? |  |
| Who is your NADO’s contact person for iNADO?  (Please provide name, job title, e-mail, and phone number) |  |

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