

Please send by mail to one of the Board Members.



Nordic Folkboat International Association

Application of Membership

Name of national Association: _____

Country: _____ Number of Boats registered: _____

Chairman's / Representative's Name: _____
first name last name

Postal Address: _____

Phone: _____ Fax: _____

e-Mail: _____ URL: _____

I have read and agree to the Articles of the NFIA and will pay the NFIA fees (see article 17.a.) when requested.

I agree on publishing the a.m. data on the website of the NFIA and of other national Folkboat associations as well as on every other Folkboat communication platform (newsletter, books, etc)

Signature: _____ Function: _____

Location and Date: _____