



INTERNATIONAL CHEER UNION (ICU) FULL MEMBERSHIP APPLICATION

Questionnaire for Full Membership 2015



INTERNATIONAL CHEER UNION (ICU) FULL MEMBERSHIP APPLICATION Questionnaire for Full Membership 2015

Please provide your application file in English.
The documents should be sent in two (2) formats:

1. Paper file to be sent to:
International Cheer Union (ICU)
6745 Lenox Center Court
Memphis, TN 38115
USA
2. Electronic file to be sent to info@cheerunion.org

Application deadline: 30 January 2015

ORGANISATION

Name

Address

Telephone

Fax

CONTACT PERSON

Name

Position

Email

Telephone

SIGNATURE

I hereby certify that all the information provided in the questionnaire and the attached documents is correct and complete to the best of my knowledge.

President

Secretary General

GOVERNANCE

- | | | |
|--|--|--|
| 1. Year your National Federation (NF) was established and brief description of the circumstances of the establishment of your NF | | |
|--|--|--|



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Please answer below:

2. NF Statutes

Please provide a certified copy of your statutes.



3. The NF is a non-profit organisation or compliant with your National Sports Authority

Please provide a copy of your registration certificate as a non-profit organisation or proof of compliance with your National Sport Authorities; if not available, please provide a letter declaring that your NF is non-profit organisation or compliant from the body that has granted you this status.



4. Minutes of the last 2 (two) General Assemblies

Please provide a copy of the minutes.



5. List of the last 5 (five) locations of the General Assemblies, areas represented (state, province, region), sport sector (school, university, private) in your General Assembly- if applicable. Please fill out the table below or attach in a separate document:



YEAR	LOCATION OF GA	TOTAL # OF DELEGATES	NAME OF AREA OR SECTOR REPRESENTED FOR EACH GA				
			#1	# 2	#3	#4	#5

6. Organisational structure

Please provide an organisational chart (including staff) with explanations, showing the structure of your NF and the composition of the decision-making organs.





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7. Elected board members

Please indicate the number of elected board members:

Please indicate the length of the term for elected board members:

Gender equity-please indicate below the number of women and men in the governing elected bodies of your NF:

Women:

Men:

Names and addresses of the board members-please fill out the table in Annexe 1 at the end of the questionnaire.

ANTI-DOPING

8. Compliance with the National Anti-Doping Organization (NADO)

Please provide a copy of your Doping Control regulations.

Please provide a copy of the letter from your NADO stating that your NF's Doping Control regulations are in line with the current version of the World Anti-Doping Code.



9. Number of controls conducted with detailed statistics

Please provide detailed statistics.

Please give details on the following points:

Number of in-competition controls:

Number of out-of-competition controls:

Number of athletes in the Registered Testing Pool (RTP):



10. Number of anti-doping rule violations which have led to sanctions

Please answer below:

UNIVERSALITY

12. Proof of existence

Please provide proof that your NF is established and formally exist as an association. This can be an extract from the commerce registry, or a declaration by a public authority





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(government, NOC, etc.).		
13. Regional (state, provincial, sector-school, university) Membership certification -if applicable Please provide a membership certification signed and stamped by regional/sector association member of the NF. The certificates should state that the regional/sector association member recognises the National Federation as the sole national authority for the Sport of Cheer.		
FINANCES		
14. Audit Please provide audited financial statements for the last 2 (two) years.		
15. Sources of income Please provide details regarding your sources of income.		
16. Expenses report Please identify how your financial resources are used and provide a transparent report on your expenses.		
17. Staff employed Please indicate the number of full-time and part-time staff employed by the NF – if applicable		
PROMOTION and DEVELOPMENT		
18. Events Please provide details on the following points (max. 2 (two) pages): Steps taken by the NF to ensure that the outcome of the competition will be as objective and fair as possible, including the selection, training and evaluation process for judges. Give examples of how the NF ensures non-discrimination, fair-play and solidarity in all of its activities. Steps taken by the NF to present the Sport of Cheer in the most interesting and attractive manner.		



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<p>19. Strategic Plans</p> <p>Please provide next year's plan and mid/long term plan to increase participation levels of Cheer approved by your board meeting.</p>																									
<p>20. NF achievements</p> <p>Please provide below a description of your NF's main achievements over the last 3 (three) years (max. 1 (one) page).</p>																									
<p>2 Priorities</p> <p>6. Please indicate the order of priority (1 to 7) of the following fields for your NF and provide a brief explanation. If additional space is needed, please complete as an attachment.</p> <table border="1" data-bbox="190 772 1326 1304"> <thead> <tr> <th></th> <th>PRIORITY</th> <th>EXPLANATION</th> </tr> </thead> <tbody> <tr> <td>ATHLETES</td> <td></td> <td></td> </tr> <tr> <td>COACHES</td> <td></td> <td></td> </tr> <tr> <td>ANTI-DOPING / MEDICAL</td> <td></td> <td></td> </tr> <tr> <td>PROMOTION OF WOMEN</td> <td></td> <td></td> </tr> <tr> <td>SPORT ADMINISTRATION</td> <td></td> <td></td> </tr> <tr> <td>COMMUNICATION / MARKETING</td> <td></td> <td></td> </tr> <tr> <td>OTHER</td> <td></td> <td></td> </tr> </tbody> </table>		PRIORITY	EXPLANATION	ATHLETES			COACHES			ANTI-DOPING / MEDICAL			PROMOTION OF WOMEN			SPORT ADMINISTRATION			COMMUNICATION / MARKETING			OTHER			
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<p>ANNEXE 1</p>																									

Please fill out the table below with the name, title and addresses of your board members:

Mr./Mrs. NAME Given Name	TITLE	POSTAL ADDRESS	EMAIL



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COMMENTS

Should you wish to add any comments to your application please provide them below:



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A large, empty rectangular box with a thin black border, intended for the applicant to provide their information and responses to the questionnaire.