

**INTERNATIONAL PROFESSIONAL
RING OFFICIALS ASSOCIATION**

I P R O



*Where members of **all** the sanctioning bodies can agree*

MEMBERSHIP APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ Fax _____

E-mail _____

Boxing Position:

- Referee
- Judge
- Timekeeper
- Inspector
- Supervisor
- Physician
- Commission
- Other _____

Current License # _____ State _____

Are you under suspension in any jurisdiction that regulates the sport of professional boxing? Yes _____
No _____ If yes, please explain

Dated _____ Signature _____

Dues are \$36.00. PLEASE ENCLOSE A PHOTO OF YOURSELF. Make checks payable to IPRO.

Send to:

Ipro
2440 140th Avenue N.E. #47
Bellevue, WA 98005