

2019 SPORTING CLUB AFFILIATION FORM

CLUB NAME:

CLUB STATEMENT: *Club's intended aims, objectives and activities*

WEBSITE/SOCIAL MEDIA:

http://
http://

CLUB COMMITTEE CONTACTS:

Position	Name	Phone	Email
President			
V.President			
Secretary			
Treasurer			
University Delegate			
Public Contact			
Other			

CLUB AFFILIATION: *If club is affiliated with a state and or national body please state below*

CLUB STATUS: *Please circle.*

Incorporated/ Unincorporated

CLUB INSURANCE INFORMATION:

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CLUB ASSETS:

ITEM:	VALUE AT PURCHASE	YEAR OF PURCHASE

2019 SEASON INFORMATION:

<i>Season Dates (1)</i>			<i>Season Dates (2)</i>	
<i>Day(s) of Comp.</i>			<i>Day(s) of Comp.</i>	
<i>Teams Entered (Include Div.)</i>			<i>Teams Entered (Include Div.)</i>	

2019 FACILITY REQUEST:

<i>Days:</i>	
<i>Times:</i>	
<i>Facility:</i>	

MEMBERSHIP FEES:

Membership Type	2019 Fees	2018 Fees
<i>Flinders University Student</i>		
<i>General Public</i>		
<i>Other</i>		