

APPLICATION FOR AFFILIATION
(1ST OCTOBER 2019 – 30TH SEPTEMBER 2020)

NAME OF ASSOCIATION: _____ **CLUB NAME:** _____

POSTAL ADDRESS: _____ **P/C:** _____

PRIMARY CONTACT PERSON: _____ **PHONE:** _____

CLUB EMAIL: _____

INCORPORATED: YES / NO **INCORPORATION NUMBER:** _____

PRESIDENT: NAME: _____

EMAIL - HOME: _____ **MOBILE:** _____

EMAIL - WORK: _____ **PHONE:** _____

SECRETARY: NAME: _____

EMAIL - HOME: _____ **MOBILE:** _____

EMAIL - WORK: _____ **PHONE:** _____

TREASURER: NAME: _____

EMAIL - HOME: _____ **MOBILE:** _____

EMAIL - WORK: _____ **PHONE:** _____

Authorised Signature: _____ **Position:** _____ **Date:** _____

By signing and returning this form to admin@softballwa.org.au the above named Association / Club agrees that

- we agree to all payments as they fall due.
- all affiliation fees payable to Softball WA will be honoured as they fall due.
- all persons listed above are a registered member on Sports TG.

Please note: Players & Officials are only covered by insurance if they are affiliated with Softball WA through Sports TG.

This form MUST be returned by 1st September 2019.