



Affiliation Application Form 2010

Name of your Club or Association _____,

Wishes to apply for affiliation with Volleyball Queensland and in doing so agrees to pay the set fee of \$250.00 for 2010.

What are your current Club or Association details?

Main Contact Name: _____

Address: _____ Postcode: _____

Contact Phone Numbers:

Work _____ Home _____ Mob _____

Club fax number: _____ Club Website Address: _____

Club Email Address: _____

What facilities/ venues do you use? _____

What geographical area do you seek to have responsibility for? _____

Please list any partnership / affiliation which your Club has with local schools?

VQ Privacy Policy

The information contained in this application is for the use of Volleyball Queensland including the promotion of the sport and the club/ association into the wider community.



Please tell us about your 2010 Committee

Club Name _____

	Name	Email	Phone
President			
Vice President			
Secretary			
Treasurer			
Coach Director			
Junior Development			
Head Coach – Men			
Head Coach – Woman			
Media Liaison			
Volunteer Coordinator			
Other (position)			



Club Name _____

REFER 2010 AFFILIATION STRUTURE FOR FULL DETAILS (attached or available on the website)

Your Club will provide annually to Volleyball Queensland a copy of your latest Constitution, By-laws and your most recent Annual Report and during the coming year, copies of all Association Meeting Minutes and draws for fixtures.

In addition, we understand that it is a condition of affiliation that every participant, whether junior or adult, playing in any form of competition with local association, or officiating in any form, must be registered by name and payment made at the rate set by Volleyball Queensland as required each year by the Board of Management

Through affiliation, we understand that we are bound under the constitution, By Laws, Rules and Standing orders of Volleyball Queensland and shall accept and enforce all decisions of Volleyball Queensland or its Board of Management made in accordance with the Volleyball Queensland Constitution.

PRESIDENT(print)_____SIGNATURE_____DATE_____

SECRETARY(print)_____SIGNATURE:_____DATE:_____

Supporting Documents: Please enclose a copy of;

- Your Constitution
- Copy of your Incorporate Certificate
- If operating as a part of another organisation some authority to use that name from the “parent body” (i.e. University Volleyball Club, needs a letter from student Guild that the Club is the “Official Club”, PCYC, Council run competition.

OFFICE USE ONLY

DATE RECEIVED ___/___/___ AMOUNT RECEIVED \$ _____ RECEIPT NO _____

BOARD APPROVAL ___/___/___ CERTIFICATE ISSUED Y/N DATE ISSUED ___/___/___

SUPPORT DOCUMENTS RECEIVED

Constitution Y/N Incorporation Y/N Letter of Authority Y/N