



AUSTRALIAN VOLLEYBALL FEDERATION

PO Box 3323 Belconnen, ACT 2616 Australia. Ph (02) 6214 1982 Fax (02) 6214 1847

REQUEST FOR INTERSTATE TRANSFER

I.....hereby apply to have my

(Player's Name in Full)

Registration transferred from theto

(State Association)

the.....

(State Association)

Date.....

Signature of Applicant

Certificate of Clearance

I.....certify that.....

(State Secretary/Executive Director)

(State Association)

has*/has not approved of the above Interstate Transfer.

*delete as appropriate

Date.....

.....

Signature of State Secretary/Executive Director