

Specialist Group Affiliation Form 2014-15



Athletics
New South Wales

Athletics NSW ABN 11330775869
When completed and signed this form constitutes a tax invoice.

Please Note: This form MUST be submitted to Athletics NSW with completed membership forms for all executive members and delegates listed along with the specified fee. For insurance purposes, office bearers are required to be members of AthleticsNSW, regardless of club category. Affiliation WILL NOT be processed unless all paperwork has been received. Submission of ANSW forms online include a \$10 processing fee.

Club Details

* General enquiries will be directed to your club's email address (listed below)

Group Name	<input type="text"/>		
Group Type	<input type="checkbox"/> Event Organiser	<input type="checkbox"/> Athletic Organisation	<input type="checkbox"/> Specialist Group
	<input type="checkbox"/> Recreational Running Club		
Address	<input type="text"/> Street Address/PO Box	<input type="text"/> Suburb/Town	Postcode <input type="text"/>
Website	<input type="text"/>		
Group email*	<input type="text"/>		

Office Bearers

President*	<input type="text"/> Name	<input type="text"/> Member #
Secretary	<input type="text"/> Name	<input type="text"/> Member #
Treasurer	<input type="text"/> Name	<input type="text"/> Member #

Check List

- Completed all sections on Specialist Group Affiliation Form and attached payment for relevant fee. Please ensure you have listed your current club email address and phone contact details.
- Attached membership forms for all those listed on the Specialist Group Affiliation Form (unless already registered with an ANSW competing club). Please note club affiliations will not be processed unless they are attached. For insurance purposes all office bearers are required to be members of Athletics NSW.
- Attached a copy of the Specialist Group's latest Annual Report.

Affiliation Fees

Amount Owng: \$

Please discuss your group's affiliation fee with the Athletics NSW Club Development Manager, James Matthews (james.matthews@nswathletics.org.au or 02 97461122), before submitting.

Fax, mail or deliver forms with payment to:
ATHLETICS NSW

PO BOX 595, Sydney Markets NSW 2129
FAX: (02) 97461168

CREDIT CARD PAYMENT (MASTERCARD & VISA ONLY):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardholder Name:					Cardholder Signature:			Expiry: /	cvv:

Office Use Only

Date Received:

Payment Method:

Date Processed:

Processed By: