

PLEASE NOTE: NO PAYMENT IS REQUIRED, AN INVOICE WILL BE EMAILED TO YOUR COMMITTEE WITH PAYMENT DETAILS WHEN YOUR AFFILIATION FORM IS PROCESSED.

Committee Name:

Zone:..... **Zone Affiliation Paid** YES NO *(Please tick)*

Other Names Committee known as:

Venue/Ground address:

PIC Number (Property Identification Code).....

Will your event be using ABCRA insurance YES NO *(Please tick)*

(If you are NOT using ABCRA insurance please provide your certificate of currency with this form)

GST Registered YES NO *(Please tick)* **ABN:**.....

Bank Details: BSB _____ Account Number _____

Account Name: _____

Secretary Name **Telephone***.....

Secretary's Name and Telephone* number are printed on the date list published in the magazine and on the website.

Address..... P.C.....

Telephone **Fax**..... **Mobile**.....

Email.....

President Name **Telephone**

Address..... P.C.....

Telephone **Fax**..... **Mobile**.....

Email.....

Treasurer Name..... **Telephone**

Address..... P.C.....

Telephone **Fax**..... **Mobile**.....

Email.....