



## No Name Club Limited AFFILIATION FORM for LOCAL CLUBS

### **PART 2 (MUST BE RETURNED BY 30/10/09)**

<p><i>Office Use Only:</i></p> <p>Date Received: _____</p> <p>Attached Financial Report etc. Yes _____ No _____</p> <p>Sanctioned by: _____ Date: _____</p>
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- This form is to be completed **in full** by the Chairperson and Secretary and returned to the No Name Club Office, 32 Main Street, Newbridge, Co Kildare **by 30/10/09**

***Incomplete forms will not be accepted!***

- It is very important that it is filled neatly and clearly (use block capitals if possible).

Part 2 of Affiliation forms must reach the National Office **no later than** 31<sup>st</sup> **October 09**

- **It is very important to note that any undue delay in returning the Affiliation Form etc. will render your insurance invalid i.e. your club/members will be unable to take part in or run any events under the auspices of the No Name Club until the Affiliation form is received**

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## HOSTS & HOSTESSES

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Any changes to the following list during the year must be reported to the Office immediately as they take place to ensure compliance with our Insurers!

**Number of Hosts & Hostesses selected for training:**

Male: \_\_\_\_\_

Female: \_\_\_\_\_

*(If you have any queries please ring the Office on 045 435444)*

*N.B: Keep a photocopy of this Affiliation form for your records!!*

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# HOSTS & HOSTESSES

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(Please print names clearly - National membership cards will be issued for each Host & Hostess listed):

Any changes to the following list during the year must be reported to the Office immediately as they take place to ensure compliance with our Insurers!

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Name: _____
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Date of Birth: _____
Email: _____

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*Please Note:*

*End of Year Certificates will only be issued to Hosts & Hostesses that have been listed on this form.*

*Any requests for these certificates must be made at least two weeks prior to your club's Presentation night.*

*N.B: Keep a photocopy of this Affiliation form for your records!!*

