

No Name Club Limited

AFFILIATION FORM for LOCAL CLUBS

PART 1 (MUST BE RETURNED BY 30/09/09)

Office Use Only:

Date Received: _____

Attached Financial Report etc. Yes _____ No _____

Sanctioned by: _____ Date: _____

An Insurance Certificate will be issued for your Club on acceptance and payment of Affiliation Fee

- 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 30/09/09** with the:

Affiliation fee €300 made payable to 'No Name Club Limited'

Incomplete forms will not be accepted!

- It is very important that it is filled neatly and clearly (use block capitals if possible).
- Part 1 of Affiliation forms must reach the National Office **no later than 30th September 09**.
Part 2 of Affiliation forms must reach the National Office **no later than 31st 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.**
- A copy of the club's Financial Statement or Copy of Bank Statement and list of assets held for the previous year end (2008-09) must be attached to this form.

Checklist - Items to be returned:

- Completed application form duly signed as accurate.
- (All Committee Members names and details must be included.) Please use additional paper if necessary
- Affiliation Fee – cheque made payable to 'No Name Club Limited'.
- Financial Statement or Bank Statement and list of assets from previous year end (08-09).



PART 1 (MUST BE RETURNED BY 30/09/09)

CLUB OFFICERS: *(Please print all committee names & information clearly - Block Capitals)*

CHAIRPERSON: _____ *Child Protection Training*
Received : Yes ___ No ___

Address: _____

Contact Numbers: Mobile: _____ Home: _____

E-mail Address: _____

SECRETARY: _____ *Child Protection Training*
Received : Yes ___ No ___

Address: _____

Contact Numbers: Mobile: _____ Home: _____

E-mail Address: _____

TREASURER: _____ *Child Protection Training*
Received : Yes ___ No ___

Address: _____

Contact Numbers: Mobile: _____ Home: _____

E-mail Address: _____

P.R.O.: _____ *Child Protection Training*
Received : Yes ___ No ___

Address: _____

Contact Numbers: Mobile: _____ Home: _____

E-mail Address: _____

TRAINING OFFICER: _____ *Child Protection Training*
Received : Yes ___ No ___

Address: _____

Contact Numbers: Mobile: _____ Home: _____

E-mail Address: _____



ALL OTHER COMMITTEE MEMBERS :

(Please print all information clearly – Block Capitals)

Name: _____ *Child Protection Training*
Received : Yes ___ No ___

Address: _____

Contact Numbers: Mobile: _____ Home: _____

E-mail Address: _____

Name: _____ *Child Protection Training*
Received : Yes ___ No ___

Address: _____

Contact Numbers: Mobile: _____ Home: _____

E-mail Address: _____

Name: _____ *Child Protection Training*
Received : Yes ___ No ___

Address: _____

Contact Numbers: Mobile: _____ Home: _____

E-mail Address: _____

Name: _____ *Child Protection Training*
Received : Yes ___ No ___

Address: _____

Contact Numbers: Mobile: _____ Home: _____

E-mail Address: _____

Name: _____ *Child Protection Training*
Received : Yes ___ No ___

Address: _____

Contact Numbers: Mobile: _____ Home: _____

E-mail Address: _____

Name: _____ *Child Protection Training*
Received : Yes ___ No ___

Address: _____

Contact Numbers: Mobile: _____ Home: _____

E-mail Address: _____



CLUB DETAILS:

Proposed Club Night: Please tick: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Proposed Club Venue(s) & Address(es):

Proposed Entertainment/Activities :

Methods of Financing:

Please Outline the Activities your club was involved in or organised during 2008-09:

CLUB APPLICATION

We hereby make application to affiliate _____
Club Name

to the No Name Club Limited for the Year 2009/2010:

*The Club Committee have read and adopted by Resolution
the Local No Name Club Rules as laid down hereon at a Club Meeting*

held on _____ day of _____ 2009.

We certify that the information contained in this Affiliation Form is complete & accurate

Signed: _____ Date: _____

Chairperson

Signed: _____ Date: _____

Secretary or Treasurer

* Club Secretary to retain on file the Application Forms for Adults, Hosts & Hostesses and Associate members.
Do not return these forms with your Affiliation Forms.