

**No Name Club Limited**  
**AFFILIATION FORM for LOCAL CLUBS**

**PART 1 (MUST BE RETURNED BY 30/09/10)**

<p><u>Office Use Only:</u></p> <p style="text-align: right;">Date Received: _____</p> <p style="text-align: center;">Attached Financial Report etc. Yes _____ No _____</p> <p>Sanctioned by: _____ Date: _____</p>
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An Insurance Certificate will be issued for your Club on acceptance and payment of Affiliation Fee

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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 30/09/10** 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 30<sup>th</sup> September 10.**

Part 2 of Affiliation forms must reach the National Office **no later than 31<sup>st</sup> October 10**

- **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 (2009-10) 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 (09-10).

(If you have any queries please ring the Office on 045 435444)      N.B: Keep a photocopy of this Affiliation form for your records!!

PART 1 (MUST BE RETURNED BY 30/09/10)

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: \_\_\_\_\_

*Child Protection Training*

**SECRETARY:**

\_\_\_\_\_

*Received : Yes \_\_\_ No \_\_\_*

Address: \_\_\_\_\_

Contact

Numbers: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home: \_\_\_\_\_

E-mail

Address: \_\_\_\_\_

*Child Protection Training*

**TREASURER:**

\_\_\_\_\_

*Received : Yes \_\_\_ No \_\_\_*

Address: \_\_\_\_\_

Contact

Numbers: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home: \_\_\_\_\_

E-mail

Address: \_\_\_\_\_

*Child Protection Training*

**P.R.O.:**

\_\_\_\_\_

*Received : Yes \_\_\_ No \_\_\_*

Address: \_\_\_\_\_

Contact

Numbers: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home: \_\_\_\_\_

E-mail

Address: \_\_\_\_\_

*Child Protection Training*

**TRAINING  
OFFICER:**

\_\_\_\_\_

*Received : Yes \_\_\_ No \_\_\_*

Address: \_\_\_\_\_

Contact

Numbers: \_\_\_\_\_

Mobile: \_\_\_\_\_

Home: \_\_\_\_\_

E-mail

Address: \_\_\_\_\_

**ALL OTHER COMMITTEE MEMBERS:**  
**Capitals)**

**(Please print all information clearly – Block**

*Child Protection Training*

Name: \_\_\_\_\_

Received : Yes \_\_\_ No \_\_\_

Address: \_\_\_\_\_

Contact \_\_\_\_\_

Numbers: Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

E-mail \_\_\_\_\_

Address: \_\_\_\_\_

*Child Protection Training*

Name: \_\_\_\_\_

Received : Yes \_\_\_ No \_\_\_

Address: \_\_\_\_\_

Contact \_\_\_\_\_

Numbers: Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

E-mail \_\_\_\_\_

Address: \_\_\_\_\_

*Child Protection Training*

Name: \_\_\_\_\_

Received : Yes \_\_\_ No \_\_\_

Address: \_\_\_\_\_

Contact \_\_\_\_\_

Numbers: Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

E-mail \_\_\_\_\_

Address: \_\_\_\_\_

*Child Protection Training*

Name: \_\_\_\_\_

Received : Yes \_\_\_ No \_\_\_

Address: \_\_\_\_\_

Contact \_\_\_\_\_

Numbers: Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

E-mail \_\_\_\_\_

Address: \_\_\_\_\_

*Child Protection Training*

Name: \_\_\_\_\_

Received : Yes \_\_\_ No \_\_\_

Address: \_\_\_\_\_

Contact \_\_\_\_\_

Numbers: Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

E-mail \_\_\_\_\_

Address: \_\_\_\_\_

*Child Protection Training*

Name: \_\_\_\_\_

Received : Yes \_\_\_ No \_\_\_

Address: \_\_\_\_\_

Contact \_\_\_\_\_

Numbers: Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

E-mail \_\_\_\_\_

Address: \_\_\_\_\_

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CLUB DETAILS:

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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:

\_\_\_\_\_  
\_\_\_\_\_

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CLUB APPLICATION

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*We hereby make application to affiliate \_\_\_\_\_  
Club Name*

*to the No Name Club Limited for the Year 2010/2011:*

*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 \_\_\_\_\_ 2010.*

***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.