



No Name Club Limited AFFILIATION FORM for LOCAL CLUBS



PART 1 (MUST BE RETURNED BY 30/09/11)

Correspondence Person **(All correspondence will be sent to this nominated adult)**

Name: _____ Mobile: _____

Address: _____

e-mail: _____

Pop up Stand

Club sign

Please tick the box if you wish to receive these

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:

No Name Club Office, Main Street, Baltinglass, Co Wicklow

by 30/09/11 with the **Affiliation fee €200** made payable to 'No Name Club Limited'

- 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 30/09/11**.
- Part 2 of Affiliation forms must reach the National Office **no later than 31/10/11**
- ***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 (2010-11) 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 (10-11).

(If you have any queries please ring the Office on 059 6400299)
N.B: Keep a photocopy of this Affiliation form for your records!!



PART 1 (MUST BE RETURNED BY 30/09/11)

CLUB OFFICERS:

(Please print all committee names & information clearly – Block Capitals)

Child Protection Training

CHAIRPERSON: _____ *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

CHILD PROTECTION OFFICER: _____ *Received : Yes ___ No ___*
Address: _____
Contact
Numbers: Mobile: _____ Home: _____
E-mail
Address: _____

ALL OTHER COMMITTEE MEMBERS:
(Please print all information clearly – Block Capitals)

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: _____

CLUB DETAILS:

Please tick: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Proposed Club Night: _____

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

Proposed Entertainment/Activities :

Methods of Financing:

Please Outline the Activities your club was involved in or organised:

CLUB APPLICATION

We hereby make application to affiliate _____
Club Name

to the No Name Club Limited for the Year 2011/2012:

*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 _____ 2011.

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

Signed: _____

Date: _____

Chairperson

Signed: _____

Date: _____

Secretary or Treasurer

Please ensure any new Adult Volunteers have completed:

- **Garda Vetting Application,**
- **New Adult Volunteer Application forms and**
- **Volunteer Declaration Form**

**Please return these forms to the office without delay, if your Club requires
Child Protection Training please contact the office 059 6400299**