

No Name! Club

AFFILIATION FORM for LOCAL CLUBS

PART 2 (MUST BE RETURNED BY 31/10/11)

Office Use Only:

Date Received: _____

Attached Financial Report etc. Yes _____ No _____

Sanctioned by: _____ Date: _____

- This form is to be completed **in full** by the Chairperson and Secretary and returned to the No Name Club Office, Main Street, Baltinglass, Co Wicklow **by 31/10/11**

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** 31st **October 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**

Insurance cover is for 75 members including Adults, please contact the office to make arrangements if your numbers exceed 75.

HOSTS & HOSTESSES

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 059 6400299)

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

HOSTS & HOSTESSES

(Please print names clearly)

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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| Address: _____ |
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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!!



APPLICATION FORM For HOSTS / HOSTESSES

Attach photo here

Name: _____

Address:

Date of Birth: _____ e-mail _____

School: _____ Mobile: _____

Next of Kin/Parent/Guardian _____

Contact mobile phone number _____

Club Rules:

*MEMBERS OF THE CLUB MUST BE 15 YEARS OF AGE

* GOOD CONDUCT IS EXPECTED OF ALL MEMBERS

*THE USE OF ALCOHOL& DRUGS IS STRICTLY FORBIDDEN.

IN APPLYING FOR MEMBERSHIP I HAVE READ AND UNDERSTAND THE CLUB RULES, AND I HAVE AGREED TO ABIDE BY THEM.

I _____ agree to abide by the above rules and will respect the ethos of the No Name club and will follow the directions of the adult leaders at all times

Host/Hostess Signature

Mobile:

I the Next of Kin/Parent/Guardian agree to the above Teenager becoming a Member of the No Name Club and participating in No Name Club Activities. I agree to my child being contacted on their mobile by the club and I agree that their photo can be used in any PR about the club and on the website. If any of the club rules are broken I understand that I will have to collect my child in person from the event. In the event of an emergency I give permission for first aid to be applied and or medical treatment to be sought for my child.

Parent/Guardian Signature

Mobile:

DO NOT RETURN FORMS TO THE OFFICE
(These forms must be kept on file by the Club Secretary)

