



No Name! Club AFFILIATION FORM for LOCAL CLUBS



PART 1 (MUST BE RETURNED BY 28/09/17)

Correspondence Person

(All correspondence will be sent to this nominated adult)

Name: _____ Mobile: _____

Address: _____

Eircode: _____ e-mail: _____

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, W91 FN77

by 28/09/17 with the **Affiliation fee €200** made payable to 'No Name Club'

- 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** 28/09/17.
- Part 2 of Affiliation forms must reach the National Office **no later than** 31/10/17.
- ***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 (2016-17) must be attached to this form.
- No Name! Club complies with the Data Protection Act 1998 and the 2003 Amendment Act that brought Irish law into line with the EU Data Protection Directive.

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'.
- Financial Statement or Bank Statement and list of assets from previous year end (16-17).

(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 28/09/17)

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: _____ Number of years volunteering: _____

SECRETARY: _____ *Child Protection Training*
Received : Yes ___ No ___
Address: _____
Contact _____
Numbers: Mobile: _____ Home: _____
E-mail _____
Address: _____ Number of years volunteering: _____

TREASURER: _____ *Child Protection Training*
Received : Yes ___ No ___
Address: _____
Contact _____
Numbers: Mobile: _____ Home: _____
E-mail _____
Address: _____ Number of years volunteering: _____

P.R.O.: _____ *Child Protection Training*
Received : Yes ___ No ___
Address: _____
Contact _____
Numbers: Mobile: _____ Home: _____
E-mail _____
Address: _____ Number of years volunteering: _____

CHILD PROTECTION OFFICER: _____ *Child Protection Training*
Received : Yes ___ No ___
Address: _____
Contact _____
Numbers: Mobile: _____ Home: _____
E-mail _____
Address: _____ Number of years volunteering: _____

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: _____ Number of years volunteering: _____

Child Protection Training

Name: _____ Received : Yes ___ No ___
Address: _____
Contact
Numbers: Mobile: _____ Home: _____
E-mail
Address: _____ Number of years volunteering: _____

Child Protection Training

Name: _____ Received : Yes ___ No ___
Address: _____
Contact
Numbers: Mobile: _____ Home: _____
E-mail
Address: _____ Number of years volunteering: _____

Child Protection Training

Name: _____ Received : Yes ___ No ___
Address: _____
Contact
Numbers: Mobile: _____ Home: _____
E-mail
Address: _____ Number of years volunteering: _____

Child Protection Training

Name: _____ Received : Yes ___ No ___
Address: _____
Contact
Numbers: Mobile: _____ Home: _____
E-mail
Address: _____ Number of years volunteering: _____

Child Protection Training

Name: _____ Received : Yes ___ No ___
Address: _____
Contact
Numbers: Mobile: _____ Home: _____
E-mail
Address: _____ Number of years volunteering: _____

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:

CLUB APPLICATION

*We hereby make application to affiliate _____
Club Name*

to the No Name! Club for the Year 2017/2018:

*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 _____ 2017.

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 Requirements**
- **New Adult Volunteer Application/Declaration form**

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