



No Name! Club AFFILIATION FORM for LOCAL CLUBS



**PART 2 (MUST BE RETURNED BY 31/10/17)**

Club Name \_\_\_\_\_

<p><i>Office Use Only:</i></p> <p style="text-align: center;">Date Received: _____</p> <p style="text-align: center;">Attached Financial Report etc. Yes _____ No _____</p> <p>Sanctioned by: _____ Date: _____</p>
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- 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 31/10/17**

***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** 31<sup>st</sup> **October 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**
- **No Name! Club complies with the Data Protection Act 1988 and the 2003 Amendment Act that brought Irish Law into line with the EU Data Protection Directive.**

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## HOSTS & HOSTESSES

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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!

**(Members of a Club must be a minimum of 15 years of age/maximum of 18 years of age or still in post primary education)**

**Total number of Hosts & Hostesses in Year 1** \_\_\_\_\_

**Total number of Hosts & Hostesses in Year 2** \_\_\_\_\_

**Total number of Hosts & Hostesses in Year 3** \_\_\_\_\_

**Total number of Young People** \_\_\_\_\_

*(If you have any queries please ring the Office on 059 6400299)*

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

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# HOSTS & HOSTESSES

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**(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!

1
Name: _____
Address: _____
D.O.B.: _____
Email: _____
Gender: _____

5
Name: _____
Address: _____
D.O.B.: _____
Email: _____
Gender: _____

2
Name: _____
Address: _____
D.O.B.: _____
Email: _____
Gender: _____

6
Name: _____
Address: _____
D.O.B.: _____
Email: _____
Gender: _____

3
Name: _____
Address: _____
D.O.B.: _____
Email: _____
Gender: _____

7
Name: _____
Address: _____
D.O.B.: _____
Email: _____
Gender: _____

4
Name: _____
Address: _____
D.O.B.: _____
Email: _____
Gender: _____

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Name: _____
Address: _____
D.O.B.: _____
Email: _____
Gender: _____

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Name: _____
Address: _____
D.O.B.: _____
Email: _____
Gender: _____

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Name: _____
Address: _____
D.O.B.: _____
Email: _____
Gender: _____

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Name: _____
Address: _____
D.O.B.: _____
Email: _____
Gender: _____

16
Name: _____
Address: _____
D.O.B.: _____
Email: _____
Gender: _____

11
Name: _____
Address: _____
D.O.B.: _____
Email: _____
Gender: _____

17
Name: _____
Address: _____
D.O.B.: _____
Email: _____
Gender: _____

12
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Address: _____
D.O.B.: _____
Email: _____
Gender: _____

18
Name: _____
Address: _____
D.O.B.: _____
Email: _____
Gender: _____

13
Name: _____
Address: _____
D.O.B.: _____
Email: _____
Gender: _____

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Name: _____
Address: _____
D.O.B.: _____
Email: _____
Gender: _____

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Address: _____
D.O.B.: _____
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Gender: _____

20
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Address: _____
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Gender: _____

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Email: _____
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Email: _____
Gender: _____

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Address: _____
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Email: _____
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Email: _____
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Email: _____
Gender: _____

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Email: _____
Gender: _____

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Address: _____
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Email: _____
Gender: _____

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Name: _____
Address: _____
D.O.B.: _____
Email: _____
Gender: _____

64
Name: _____
Address: _____
D.O.B.: _____
Email: _____
Gender: _____

*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.***

**NB: Keep a photocopy of this Affiliation form for your records!!**

**All Hosts and Hostesses who have completed one year will receive a Certificate of Participation in basic leadership and self-development.**

**All Hosts and Hostesses who have completed two years will receive an intermediate Certificate of Participation in leadership and self-development.**

**All Hosts and Hostesses who have completed three years will receive an advanced Certificate of Participation in leadership and self-development.**



**No Name! Club**



## *Certificate of Participation*

This is to certify that

has successfully participated in basic leadership and self-development skills  
in theory and in practice.

**Sample**



*Carole Goulding*

Chairperson of No Name! Club

\_\_\_\_\_  
Club Chairperson

\_\_\_\_\_  
Date