

Western Australian Flying Disc Association

CLUB AFFILIATION APPLICATION FORM

Please complete this club affiliation form and return with supporting documentation to **WAFDA, PO Box 149, Osborne Park, WA 6017**. Applications for affiliation will be presented for approval at the next meeting of the WAFDA committee.

This form enables us to keep your club contact information up to date. We are also then able to provide the correct details and information to any enquiry calls we receive from potential members.

CLUB NAME: _____

POSTAL ADDRESS: _____

_____ **POSTCODE:** _____

INCORPORATED Yes No (please circle)

COMMITTEE MEETING ADDRESS: _____

_____ **POSTCODE:** _____

EMAIL: _____

WEBSITE: _____

CLUB COLOURS: _____

PRESIDENT:

Name: _____ AFDA Number: _____

Postal Address: _____

_____ Post Code: _____

Tel: (W) _____ (H) _____ (MOB) _____

Fax: _____ Email: _____

VICE PRESIDENT:

Name: _____ AFDA Number: _____

Postal Address: _____

_____ Post Code: _____

Tel: (W) _____ (H) _____ (MOB) _____

Fax: _____ Email: _____

SECRETARY:

Name: _____ AFDA Number: _____

Postal Address: _____

_____ Post Code: _____

Tel: (W) _____ (H) _____ (MOB) _____
Fax: _____ Email: _____

TREASURER:

Name: _____ AFDA Number: _____
Postal Address: _____
_____ Post Code: _____

Tel: (W) _____ (H) _____ (MOB) _____
Fax: _____ Email: _____

WAFDA REPRESENTATIVE:

Name: _____ AFDA Number: _____
Postal Address: _____
_____ Post Code: _____

Tel: (W) _____ (H) _____ (MOB) _____
Fax: _____ Email: _____

FOUNDATION MEMBERS:

| | NAME | EMAIL ADDRESS | AFDA No. |
|----|------|---------------|----------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |

WILL YOU REGULARLY HOLD TRAINING SESSIONS OPEN TO CLUB MEMBERS?

Yes No (please circle)

DO YOU HAVE A REGULAR TRAINING GROUND?

Yes No (please circle)

LOCATION (if yes): _____

CLUB ACTIVITIES (eg: tournaments, events run by the club):

OPEN TIMES (eg: Come n Try Sessions, Club Meetings run by the club):

CLUB GOALS FOR THE COMING YEAR:

STRATEGIC/OPERATIONAL PLAN:

The development of a strategic/operational plan is not essential to maintain WAFDA affiliation, however it is desirable that established clubs consider developing a long term plan. These clubs will be able to apply for additional funding and support in carrying out parts of their plan.

CHECKLIST: SUPPORTING INFORMATION

To ensure that this application for affiliation is correctly and quickly assessed please check and attach the following to the application form:

- Completed Affiliation Form.
- Copy of the certificate of Incorporation or proof of payment (If applicable)
- Copy of latest Constitution if not already forwarded to WAFDA.
- Club event calendar including training and activities.
- Copy of the club's most recent annual report (not applicable to clubs in their first year)
- Strategic / Operational Development plan. (if developed)

EXECUTIVE / COMMITTEE DECLARATION

On behalf of the applicant organisation we declare that the club is prepared to abide by the rules of Western Australian Flying Disc Association Incorporated and will nominate a delegate to represent the club at general meetings of the State Association and other meetings as requested.

| | |
|-----------------|------------------|
| Name: _____ | Name: _____ |
| Position: _____ | Position: _____ |
| Signature _____ | Signature: _____ |
| Date: _____ | Date: _____ |

Office Use Only

Date Received: _____ Affiliation Application Complete: _____ Initial: _____