**AFFILIATION AGREEMENT**

Name of Club/Association:

**wishes to apply for associate level of affiliation with Volleyball Queensland, and in doing so, agrees to pay the set fee of $325.00 for 2019.**

We will provide annually to Volleyball Queensland a copy of the governing body’s latest Constitution, By-Laws and most recent Annual Report including financials and, during the coming year, copies of all Association Meeting Minutes and draws for fixtures.

In addition, we understand that it is a condition of associate affiliation that every participant, whether junior or adult, playing in any form of competition, or officiating in any form, must be registered by name and payment at the rate set by Volleyball Queensland as required each year by the Board of Management.

Through affiliation, we understand that we are bound under the Constitution, By-Laws, Rules and Standing Orders of Volleyball Queensland and shall accept and enforce all decisions of Volleyball Queensland or its Board of Management made in accordance with the Volleyball Queensland Constitution.

**President to complete Secretary to complete**
Name:       Name:

Signature:       Date:       Signature:       Date:

**Motion:** “ *be accepted as a VQ Affiliate in 2019”*
Committee Member of existing Affiliate:      Signature:       Date:

**Seconded:**
Committee Member of a different Affiliate:       Signature:       Date:

**CHECKLIST**

Please ensure that the following documents are enclosed:

[ ]  For new affiliates please provide your Clubs/Associations Constitution and a copy of Certificate of
 incorporation (existing affiliates will be already kept on file)

[ ]  New Affiliate to gain signatures from two different existing VQ Affiliates

[ ]  Copy of most recent AGM minutes

[ ]  Copy of latest completed year’s financial statements

[ ]  Supply VQ with an electronic copy of their logo for the website

[ ]  If operating as part of another organization, some authority to use that name from the “parent body” (i.e. University Club needs a letter from the Student guild that the Club is the “Official Club”, PCYC, Council run competition etc.)

Please fill in the date of your Club/Associations most recent Annual General Meeting \_ \_ / \_ \_/ \_ \_ \_ \_

**OFFICE USE ONLY** Date Received \_\_\_/ \_\_\_/ \_\_\_ Amount Received $\_\_\_\_\_\_\_\_\_\_\_\_ Receipt No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Board Approval \_\_\_/ \_\_\_/ \_\_\_

**CONTACT DETAILS** (\* denotes required field)

**Main Contact for VQ**This contact is for VQ office use only

Name\*:       Phone/Mobile\*:       Email\*:

**Public Contact**
These details will be published on the VQ website. Please send a copy of your logo.

Name:       Phone/Mobile:       Email\*:
ABN\*:
Website address\*:
Membership notification email address\*:

Postal address\*:

**COMMITTEE DETAILS**Please fill out all positions that are currently held in your club committee.

|  |  |  |  |
| --- | --- | --- | --- |
| POSITION | NAME | EMAIL | PHONE |
| President |       |       |       |
| Vice-President |       |       |       |
| Secretary |       |       |       |
| Treasurer |       |       |       |
| Membership Registrar |       |       |       |
| Coach Director |       |       |       |
| Junior Development Director |       |       |       |
| Head Coach (Men) |       |       |       |
| Head Coach (Women) |       |       |       |

**OFFICE USE ONLY**

**MAJOR DOMO WEBPAGE REGISTER (Affln table) XERO Affiliation On-line Membership form**