



# 2024 VQ AFFILIATION APPLICATION

## Renewal of Existing Affiliate

Sports House, Suite 1.11  
150 Caxton Street  
Milton Qld 4064  
(07) 3367 1991  
admin@vq.org.au  
[www.vq.org.au](http://www.vq.org.au)  
ABN 45 476 392 018

### AFFILIATION AGREEMENT

Name of Club/Association ..... (applicant) **seeks to apply for affiliation with Volleyball Queensland, and in doing so, agrees to pay the set fee of \$495.00 (or \$330.00 if the completed application and supporting documents is lodged and paid in full before Thursday 29 February 2024).**

We will provide annually to Volleyball Queensland, a copy of our organisation's latest Constitution, By-Laws and most recent Annual Report including financials and maintain over 2024; details of our office bearers, mail, email, website and social media contact points so as to allow formal communication between ourselves and Volleyball Queensland and mutual promotion of our organisation and Volleyball Queensland through social media and other channels.

In addition, we understand that it is a condition of affiliation that every participant, whether junior or adult, playing in any form of competition, or officiating in any form, must be registered by name, contact & personal details and payment at the rate set by the Volleyball Queensland Board of Management. We agree that when requested to provide details of players' names and contact information to confirm their individual registration with Volleyball Queensland.

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, as amended from time to time.

We acknowledge that the non-renewal of our affiliation for 2025 by 9 March 2025 will be considered as our resigning membership of Volleyball Queensland, which would limit or remove our rights under the Volleyball Queensland constitution and benefits provided such as group public liability insurance.

#### **President to complete**

Name:.....

Signature..... \_ \_ / \_ \_ / \_ \_ \_ \_

#### **Secretary to complete**

Name:.....

Signature..... \_ \_ / \_ \_ / \_ \_ \_ \_

### CHECKLIST

Please ensure that the following documents are returned to [clubs@vq.org.au](mailto:clubs@vq.org.au)

- Copy of most recent AGM minutes
- Copy of Constitution (if amended in 2023)
- Copy of Club/Association logo (if amended in 2023)
- Copy of latest completed year's financial statements
- If operating as part of another organisation, 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.)

#### **OFFICE USE ONLY**

Date Received \_ \_ / \_ \_ / \_ \_ \_ \_ Amount Received \$..... Receipt No..... Board Approval \_ \_ / \_ \_ / \_ \_ \_ \_



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

**Main Contact for Volleyball Queensland**

This contact is for Volleyball Queensland 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)			
<i>Other role</i>			
<i>Other role</i>			

**OFFICE USE ONLY**

**WEBPAGE**

**REGISTER (Affln table)**

**XERO**

**Affiliation On-line**

**Membership form**