

2026 VQ AFFILIATION APPLICATION Application for New Affiliate

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

AFFILIATION AGREEMENT

Name	of	Club/Association		(applicant)	wishes	to	apply	for	affiliation	with	Volleyball
Queensland, and in doing so, agrees to pay the <u>set fee of \$495.00.</u>											

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 2026; 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 2026 by 9 March 2026 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.

insurance.								
President to complete	Secretary to complete	Secretary to complete						
Name:	Name:	Name:						
Signature://	_ Signature:	//						
CHECKLIST Please ensure that the following documents are returned to admin@vq.org.au The Club/Association Constitution and a copy of Certificate of Incorporation Copy of most recent AGM or formation meeting minutes held on// Copy of latest completed year's financial statements or financial report if newly formed Supply VQ with an electronic copy of the applicants logo for the VQ website								
Nomination for VQ Affiliation by the following VQ Affiliates:								
Member Affiliate proposing:	Signature:	//						
Member Affiliate seconding:	Signature:	//						
OFFICE LISE ONLY								

VQ Affiliation Application 2026

Date Received _ _/ _ _/ _ _ _ Amount Received \$.....

Receipt No..... Board Approval _ _/ _ _/ _ __



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CONTACT DETAILS (* denotes required field)

Main Contact for V This contact is for V	•	e use on	ly						
Name*:	•••••	Pho	ne/ľ	Mobile*:		Email*:			••••
Public Contact These details will be	-						_		
Name:		Pho	ne/N	лobile:		Email*:	•••••		.ABN*:
Website address*:				Memb	ership	notification em	nail address*:		
Postal address*									
COMMITTEE DETAI	IS Plea	se fill or	ıt all	nositions that	t are ci	irrently held in	your club co	mmittee	
POSITION	1 100	NAME	ic an		EMAIL	arrently field in	i your club co	PHONE	
President									
Vice-President									
Secretary									
Treasurer									
Membership Registr	ar								
Coach Director									
Junior Development Director									
Head Coach (Men)									
Head Coach (Wome	n)								
Other role									
Other role									
OFFICE USE ONLY MAJOR DOMO	WEE	BPAGE	RI	EGISTER (Affin ta	ble)	XERO	Affiliation (On-line	Membership form