



AFFILIATE MEMBERSHIP FORM SEASON 2018/19

Club Affiliation Statement

Name of Club: _____ (“the Club”)

In consideration of affiliation with Queensland Sub Districts Cricket Association Inc (“the Association”) for the **2018/19** cricket season and to participate in cricket matches, training and associated events and activities (“Activities”) organised and/or managed by the Association, the Club hereby acknowledges, agrees and confirms the following:

- That the personal details of members and office bearers of the Club as set out on this form, including without limitation names and addresses, may be provided to the Association and any affiliated body for use by that organisation as it sees fit in the administration of association Activities.
- That there are inherent risks associated with the Activities which may result in personal injury (including those of a serious nature) to participants, the Club fully accepts and agrees to bear these risks.
- That to the full extent permitted by law the Club agrees to absolve, release, discharge and indemnify the Association, its officers, employees, representatives and agents (“Indemnitees”) from any and all liability for any injury, loss, cost, charge, expense or damage suffered by any member of the Club however caused, arising from or directly or indirectly as a result of participation in the Activities, including without limitation, where caused by any act, omission, default or negligence of the Indemnitees.
- That the Club agrees to pay all fees and penalties in accordance with the current Association constitution and Playing Regulations of the Association as may be in force from time to time during the term of affiliation.
- That by signing this document the Club acknowledges that the Office Bearers as detailed on this form along with all registered members (if applicable) of the Club are wholly and severally liable for all costs, fees and penalties incurred by the Club and/or its members during the term of affiliation.
- That a representative member of the Club has read, understood, acknowledged and agreed to all the matters referred to in this statement including the warning, release and indemnity.

DECLARATION

Name of Authorised Person _____

Signature _____

Club Position (please print clearly) _____

Date _____

In accordance with articles of its Constitution the Association reserves the right to refuse affiliate membership to any club.

Please refer to www.qsdca.com.au/affiliation for updated information about fees.

Please complete Club details on the second page of this document

AFFILIATE MEMBERSHIP FORM SEASON 2018/19

Name of Club: _____ (“the Club”)

OFFICE BEARERS	NAME	PHONE	MOBILE	EMAIL
PRESIDENT				
SECRETARY				
TREASURER				
<i>Others...</i>				

Please use another page if there is insufficient space or you have a printed document.

POSTAL ADDRESS		
	SUBURB	POST CODE
ABN		INCORPORATION NO.

EMAIL ADDRESS TO SEND INVOICES	
EMAIL ADDRESS FOR NOTICES, MINUTES ETC	
CLUB WEBSITE	

GROUNDS (Name, Address, Availability)		

TEAM SHIRTS Please indicate if you are intending or considering using a Team Shirt in the coming season. (See Saturday Playing Regulation 8 for details) (YES / NO) Please submit Team Shirt design with this application or at any time for approval.	
Club Colours	Cap Style
Year club began	
Do you have any club records that would be of interest to Association history researchers? (YES/NO)	

Hand this form to The Honorary Secretary at an Association meeting or scan and email to secretary@qsdca.com.au