



Tweed Netball Association Inc.

ABN: 65 207 445 944

PO Box 6906,
TWEED HEADS SOUTH NSW 2486
Phone (07) 5524 9225
Fax (07) 5524 7095
Email: info@tweednetball.com.au

APPLICATION FOR AFFILIATION/TAX INVOICE 20_____

Please complete form and return to the Association Secretary at/or before November meeting along with affiliation fee. *Affiliation Fee: \$25.00 (incl. GST) per club.*

NAME OF CLUB:* _____

PRESIDENT: _____ Phone () _____

SECRETARY: _____ Phone () _____

ADDRESS: (for correspondence) _____

_____ **POSTCODE:** _____

TREASURER: _____ Phone () _____

UMPIRES CONVENOR: _____ Phone () _____

NATIONAL BADGED UMPIRES: _____ **BADGE** _____

_____ **BADGE** _____

_____ **BADGE** _____

CONTACT DETAILS FOR TNA WEB SITE OR ANY PUBLICATIONS: _____

Email: _____ Phone () _____

CLUB UNIFORM: Skirt: _____ Top: _____

Dress: _____

Socks: _____ (If applicable)

No. of Teams: _____

* Please indicate if your club is incorporated or not by circling either: Yes / No

The above named club is making application for affiliation with the Tweed Netball Association Inc., and the State Netball Authority with whom Tweed Netball Assn. Inc. is affiliated with. The details above are true and accurate to the best of my knowledge.

Signed: _____

Position at Club: _____ Date: ____/____/____