



**APPLICATION FOR AFFILIATION**

- 1. **NAME OF CLUB OR ORGANISATION:** .....
- 2. **NAME AND ADDRESS OF PERSON TO WHOM RECEIPT AND FURTHER CORRESPONDENCE SHOULD BE SENT:** .....
- 3. **NAME AND ADDRESS OF TWO PERSONS WHO WILL REPRESENT YOUR CLUB/ ORGANISATION ON THE LOCAL SPORTS COUNCIL:**
  - (1) ..... (2) .....
  - .....
  - .....

4. On behalf of the above Club/Organisation, I submit this completed Application Form for affiliation to the Coleraine and District Local Sports Council, together with the application fee of £\_\_\_\_\_.

Affiliation fees as follows:	Individual	£2.00
	Clubs/Associations	£5.00

Cheques etc should be made payable to the Coleraine and District Local Sports Council and crossed.

- 5. I understand that this application is subject to:-
  - (a) My Club/Organisation agreeing to abide by any regulations made by the Council as to membership.
  - (b) The Council retaining the right to reject any application for affiliation if in the opinion of the Council there are reasonable grounds for doing so.

Signed: .....  
 (Normal Signature) (Name in Block Capitals)  
 On behalf of the applying club

**NOTES:**

Date: .....

- 1. This form should be returned to the Treasurer together with a copy of your Club's Constitution and if working with children under 18 years of age, a copy of your Club's Child Protection Policy.
- 2. Receipts for affiliation fees will be forwarded by the Treasurer in due course.