

# Specialist Group Affiliation Form 2016-17



Athletics Victoria ABN 47 382 664 821  
When completed and signed this form constitutes a tax invoice.

**Please Note:** This form MUST be submitted to Athletics Victoria with completed membership forms for all executive members and delegates listed along with the specified fee. For insurance purposes, office bearers are required to be members of Athletics Victoria, regardless of club category. Affiliation WILL NOT be processed unless all paperwork has been received. Submission of AV forms offline include a \$10 processing fee.

## Club Details

\* General enquiries will be directed to your club's email address (listed below)

Group Name	<input type="text"/>		
Group Type	<input type="checkbox"/> Event Organiser	<input type="checkbox"/> Athletic Organisation	<input type="checkbox"/> AV Specialist Group <input type="checkbox"/> Recreational Running Club
Address	<input type="text"/> Street Address/PO Box	<input type="text"/> Suburb/Town	Postcode <input type="text"/>
Website	<input type="text"/>		
Group email*	<input type="text"/>		

## Office Bearers

President*	<input type="text"/> Name	<input type="text"/> Member #	*
Secretary	<input type="text"/> Name	<input type="text"/> Member #	
Treasurer	<input type="text"/> Name	<input type="text"/> Member #	

## Check List

- Completed all sections on Specialist Group Affiliation Form and attached payment for relevant fee.**  
Please ensure you have listed your current club email address and phone contact details.
- Attached membership forms for all those listed on the Specialist Group Affiliation Form (unless already registered with an AV competing club).**  
Please note club affiliations will not be processed unless they are attached. For insurance purposes all office bearers are required to be members of Athletics Victoria.
- Attached a copy of the Specialist Group's latest Annual Report.**

## Affiliation Fees

**Amount Owning:**

\$

Please discuss your group's affiliation fee with the Athletics Victoria Club Development Manager, Kirby Ellis (kirby@athsvic.org.au or 03 8646 4500), before submitting.

Fax, mail or deliver forms with payment to:

**ATHLETICS VICTORIA**  
LEVEL 1, 31 AUGHTIE DRIVE,  
ALBERT PARK VIC 3206  
FAX: (03) 8646 4544

### CREDIT CARD PAYMENT (MASTERCARD & VISA ONLY):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardholder Name:				Cardholder Signature:				Expiry: /	cvv:

### Office Use Only

Date Received:

Payment Method:

Date Processed:

Processed By: