

**Gloucestershire Football Association Ltd
CLUB AFFILIATION FORM - SEASON 2010/2011**

Oaklands Park, Almondsbury, Bristol, BS32 4AG



****FOR OFFICE USE ONLY****

ADULT

Club Name:

Please complete this form as fully as possible in accordance with any guidance notes given, and return to the above address by **30-Jun-2010**. Where information is missing or incorrect, please use the space provided to update. When you submit these details to us, you consent to us using them for football administration purposes and you acknowledge that such information may be included in correspondence with other relevant football parties, such as Clubs and Leagues.

The information you provide will also appear on our website. If you do not wish your telephone and/or fax numbers to be included on our website, please indicate this by ticking the 'private' box against the relevant number. Your e-mail address will not be included on our website and we will never share or disclose your e-mail address to the public.

Club Secretary:

Name:		Date Of Birth:	
Clubs playing at step 5 and above must provide the full club company name under which it trades. Please also provide the company number to enable us to verify this with Companies House.			
Legal Name:		Company Number:	
Name, address and date of birth if different to above			
Tel home:	Private <input type="checkbox"/>		Private <input type="checkbox"/>
Tel work:	Private <input type="checkbox"/>		Private <input type="checkbox"/>
Mobile:	Private <input type="checkbox"/>		Private <input type="checkbox"/>
Fax:	Private <input type="checkbox"/>		Private <input type="checkbox"/>
E-mail:			
Do you have internet access for purposes of running your club? Yes / No			
What is your website address?			
What is your club's email address?			

Ground

Provide the address and local authority of where you consider to be your home ground. If teams within your club play at grounds different to this, please provide the detail separately. If you do not know the ground address, then provide the name of the local authority of the ground that you consider to be your home ground. You can find a local authority at <http://neighbourhood.statistics.gov.uk>

Ground Address:
Local Authority :
If different from above:
If you do not know where you will play (for example waiting for a pitch to be allocated), then please tick here <input type="checkbox"/>

Mandatory Contacts

Chairman:

If same as secretary, please state 'As Secretary'

Name:		Date Of Birth:
Address (Including Postcode):		
Tel home:		
Tel work:		
Mobile:		
Fax:		
E-mail:		

Treasurer:

If same as secretary, please state 'As Secretary'

Name:		Date Of Birth:
Address (Including Postcode):		
Tel home:		
Tel work:		
Mobile:		
Fax:		
E-mail:		

Club Welfare Officer:

Please note that all clubs with youth teams (under 18 or below) must have a Club Welfare Officer (CWO) in order to affiliate. The CWO must have an accepted Enhanced FA CRB check. They must also have completed The FA Safeguarding Children and Welfare Officer Workshops. For any enquiries regarding this policy, please speak to your CFA Welfare Officer.

Name:		Date Of Birth:
Address (Including Postcode):		
Tel home:		
Tel work:		
Mobile:		
Fax:		
E-mail:		

List of Teams for Club Name:

Provide or update (if required) the details of all teams playing in the 2010/2011 season. Use additional sheets if necessary. For the fields below please choose from the following options when entering your team details.

Please note that for youth teams (ie where the age group is Under 18 or below) a Manager or Coach **must** be named.

Age Group: Veterans / Open Aged / U23 / U21 / U19 / U18 / U17 / U16 / U15 / U14 / U13 / U12 / U11 / U10 / U9 / U8 / U7
Team Category: 11 v 11 - 9 v 9 - 7 v 7 - 6 v 6 - 5 v 5 - 4 v 4 - 3 v 3 - Futsal - Mini Soccer
Disability: Non Disabled - Blind - Partially Sighted - Deaf and Hearing impaired - Cerebral Palsy - Learning Disability - Wheelchair - Amputee - Pan Disability
Usually Plays On: Mon - Tue - Wed - Thu - Fri - Sat - Sun
Gender: Male, Female, Mixed - Under 11 and above cannot be categorised as mixed, and you should state Male or Female, though regulations allow mixed football up to and including U13

Team Name	
Age Group	
Gender	
Category	
Disability	
Usually Plays On	
Sponsor Name	
League Name 1	
League Name 2	
Main Colours	
Secondary Colours	
Manager/Coach (Name, Address and DOB fields must be completed)	Name: Address: DOB:
Emergency Contact	
Additional Team Contacts (state role)	
Ground Details (if different from club's)	

Team Name	
Age Group	
Gender	
Category	
Disability	
Usually Plays On	
Sponsor Name	
League Name 1	
League Name 2	
Main Colours	
Secondary Colours	
Manager/Coach (Name, Address and DOB fields must be completed)	Name: Address: DOB:
Emergency Contact	
Additional Team Contacts (state role)	
Ground Details (if different from club's)	

Club Declaration Club Name:

The Club hereby undertakes to keep a register of members, cashbook, Minute Book and audited accounts of the Club in accordance with FA regulations.

By completing and signing this form, on behalf of the Club, the Club applies for membership of the Company and agrees with its members to be bound by the Memorandum and Articles of the Company and any rules and regulations made pursuant thereto including the rules and regulations of The Football Association.

Rule 4 (a) of The Football Association states that, "Clubs, players and officials subject to the jurisdiction of The Football Association or an affiliated Association shall not be associated with or play with or against any Club which is not a Member of The Association or an affiliated Association." The Club agrees to ensure that all competitions the Club or its members compete in are sanctioned by the appropriate Association.

This completed affiliation form and the appropriate remittance must be returned to the Association by **30-Jun-2010**. Failure to comply will result in a fine of **£30.00**.

We take your privacy very seriously and we process all information in accordance with applicable UK data protection legislation. We are committed to protecting your privacy and we implement various security measures in relation to our processing and transfer of personal data.

Signature of Club Secretary

Date

Clubs requiring a receipt for affiliation payments and/or confirmation of the new affiliation number for 2009-10 MUST include a stamped addressed envelope when this form is returned.

FOR OFFICE USE ONLY

Date Received						
Receipt Number						