

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 either an accepted enhanced FA CRB check or, as a minimum, have submitted their CRB paperwork to The FA CRB Unit, so that the check is in progress. They must also have completed The FA Safeguarding Children workshop. For any enquiries regarding this policy, please e-mail footballsafes@TheFA.com or call 0845 210 8080.

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 2009/2010 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 Football: 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 - U11 and over cannot be mixed

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-2009** Failure to comply will result in a fine of **£30.00**.

We may use the information you provide to send you information about the products and services provided by the County FA and other third parties. If you do not wish to receive any information from us or third parties about products and services please contact the County FA in writing at the registered office.

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						

