

Greater Badminton Association of Sydney – affiliation application

ABN 99 395 676 360

Phone/Fax (02) 9451-6978

Website: www.gbaofsydney.com

Email: gbaofsydney@yahoo.com.au



Post to: The GBAS Secretary, PO Box 216, Forestville, 2087

Important 1. **Membership Year - 1st February to 31 January**

2. A club may nominate up to two venues. Club name and registered organiser are subject to GBAS approval.
3. Affiliation and membership are not valid until the affiliation and member registration forms are correctly completed and the required fees paid.
4. Fees are not refundable nor transferable.
5. Cheques are payable to GBAS. See bottom of the form for EFT details.

NOTES ON INSURANCE

1. You must have a minimum number of twelve (12) members in order to affiliate with insurance.
2. The GBAS Insurance scheme provides amateur (non business) sports insurance cover of \$10M Public Liability, Professional Indemnity and Sports Injury. The club organiser undersigned agrees to accept responsibility for FULL disclosure and register all players including casual players who have attended more than 2 sessions in a year.

2010 Affiliation Fees - Select Option A or B

<input type="checkbox"/> Option A - With Insurance (see notes on insurance above)	<input type="checkbox"/> Option B - With NO Insurance
<i>Club Affiliation Fee \$30 PLUS \$15.50 for each adult and \$13.50 for each junior under 19. All members MUST BE registered.</i>	<i>Club Affiliation \$30 (includes 5 free members) PLUS \$5 for each adult member, \$3 for each junior under 19 and \$3 each for husband and wife. The club accepts the risk and responsibility in not participating in the GBAS insurance scheme. All members to be registered.</i>

Club Name: **(NOTE: You may register only two venues)**

Playing Venue and Address	Session	No. of Courts	Day of Session	Session Time - From	Session Time - To
	1				
	2				
	3				
	1				
	2				

Do you accept players referred to your club by GBAS? Yes / No. If Yes, indicate accepted standard: Beginners Social Strong Social Advanced

President/ Organiser Contact Details

Name: Address: Post Code:

Phone (W): Phone (H): Mobile: Email:

President/ Organiser Signature: Date: Amount Enclosed: \$..... Receipt Required: Yes / No

Cheques are Payable to GBAS; **EFT Details:** Bank - CBA; Branch - Seaforth; A/C Name - Greater Badminton Association Of Sydney; BSB - 062 251; A/C Number - 1004 6883

Greater Badminton Association of Sydney - member registration



Post to: The GBAS Secretary, PO Box 216, Forestville, 2087

Club Name:

Submitted By: Signature: Date: Amount Enclosed: \$

	Legal Name (as on drivers license, passport, etc)	Address and Post Code (mark "A/R" and show name of club and organiser if player is already registered with GBAS. Note that such players are not counted as your club's members unless they pay the standard fee again.)	Phone Number (Home)	Phone Number (Work / Mobile)	M/F	Grade	Date of Birth (if junior)	M'ship Fee
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								

NOTE: 1. Members' details are kept confidential by the GBAS. 2. Insurance cover is only effective after GBAS receives the correct fees. 3. Non existent players, players with no names or incomplete details are not covered. 4. Junior members are children under the age of 19 on or before 31st December.

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