



2011 APPLICATION FOR REGISTRATION OF

FOOTBALL CLUB

Prescribed Form NRR02

Please PRINT using a black or blue ball point pen. PLEASE COMPLETE ALL SECTIONS AND SEND TO YOUR COMPETITION ADMINISTRATOR.

CLUB DETAILS

1. Name of Football Club

2. Form of football played by your Club (please tick all that are applicable)

 Outdoor Futsal Beach

3. ACN, ABN, Incorporated Association Number (if applicable)

4. Street address of Football Club

 State Post code

5. Mailing address of Football Club (if different from above)

 State Post code

6. Football Club email address (see Guidance Note #6)

7. Football Club telephone number (see Guidance Note #7)

8. Football Club facsimile number (see Guidance Note #8)

9. Which District Association/Zone are you a member of? (if not a member, please advise e.g. church group, armed forces, direct affiliate to State/Territory Federation etc.)

10. Which State or Territory Federation are you a member of?

CLUB PRIMARY CONTACT INFORMATION

11. Title of contact person

 Mr Mrs Miss Ms Dr Prof

12. Name of contact person

13. Street address of contact person (if different from Question 4 above)

 State Post code

14. Email address of contact person (if different from Question 6)

15. Telephone number of contact person (if different from Question 7)

16. Position within Football Club (see Guidance Note #16)

GENERAL CLUB INFORMATION

17. Please provide the names and addresses of all grounds or venues used by your Football Club for training and matches. Please also indicate whether these grounds have lighting. (please use additional sheets if required).

Ground name and address <small>(please also confirm whether used for matches, training or both)</small>	Lighting Y/N
a) <input type="text"/>	<input type="checkbox"/>
b) <input type="text"/>	<input type="checkbox"/>
c) <input type="text"/>	<input type="checkbox"/>
d) <input type="text"/>	<input type="checkbox"/>

18. How many registered players does your Football Club have? (see Guidance Note #18)

Male	<input type="text"/>	Female	<input type="text"/>
Under 18	<input type="text"/>	Under 18	<input type="text"/>
Over 18	<input type="text"/>	Over 18	<input type="text"/>

19. If your Football Club has a logo, please attach a colour image

20. Please provide details of your Football Club's committee (use additional sheets if required)

Name e.g. Bob Smith	Position e.g. Chairman
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

21. Does your Football Club employ any paid personnel? Yes No

If yes, please provide the following details (please use additional sheets if required)

Name	Role	Full Time (FT)/ Part Time (PT)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

SIGNING

The Football Club applies to Football Federation Australia Limited to be registered as a Football Club in Australia. The Football Club warrants that the information provided on this Prescribed Form is current and correct and that it will promptly notify the Competition Administrator or Member Federation of any changes. By signing this Form, the Football Club and its Officials agree to comply with the FFA Statutes, including the National Registration Regulations, the National Disciplinary Regulations, the National Code of Conduct and the Grievance Resolution Regulations.

<input type="text"/>	<input type="text"/>
(Signature of Football Club Primary Contact)	(Date)

FOR COMPETITION ADMINISTRATOR OFFICIAL USE ONLY

DATE RECEIVED: / /	COMPETITION ADMINISTRATOR APPROVED:
APPROVED BY:	



GUIDANCE NOTES FOR APPLICATION FOR REGISTRATION OF FOOTBALL CLUB FORM

PROCESS

Providing false or misleading information could result in the immediate cancellation of registration.

This form is to be sent to the Competition Administrator (body who conducts and manages the competitions that your Football Club participates in). Once the Competition Administrator has approved the club's application and has indicated so in the official section, the form will be forwarded to FFA.

All information contained on this form is to be entered into the designated system by the Competition Administrator, unless agreed otherwise.

CLUB DETAILS

1. Insert the name of your football club.
2. Indicate whether you are an organisation participating or conducting outdoor football (modified football played outdoors should still be in this category), an organisation participating or conducting Futsal, or whether you are an organisation participating or conducting beach football.
3. The registration number of the Football Club is to be provided e.g. Incorporated Associations attained via the State or Territory Office of Fair Trading.
4. The street address of the Football Club is to be provided, including Suburb, State and Postcode.
5. If the mailing address of the Football Club is different from the street address, please provide details.
6. The email address of the Football Club is to be clearly printed. If the Football Club does not have an email address, please provide an email address of a Committee member who will be the contact for any correspondence. Should the Committee member cease to be involved with the Football Club, or the email address has changed, please notify your Competition Administrator or Member Federation immediately.
7. The contact telephone number of the Football Club (including area code if landline – e.g. 02 8354 5555) is to be provided. If the Football Club does not have a general telephone number, please provide an alternative (e.g. the Secretary's telephone number).
8. Please provide a facsimile number for the Football Club (including area code). If the Football Club does not have a facsimile, please provide an alternative if available.
9. Please specify the name of the District Association/Zone of which the Football Club is a member (e.g. Central Zone, North Coast Football, etc.).
10. The name of the State or Territory Federation which is the governing body of football in the Football Club's State or Territory (e.g. Capital Football) is to be provided.

CLUB PRIMARY CONTACT INFORMATION

11. The gender of the contact person is to be advised.
12. Please print the first and last name of the contact person for the Football Club.
13. Please provide the street address of the contact person if it is different from the Football Club street address. Please include Suburb, State and Postcode.
14. Please provide the telephone number of the contact person if it is different from the Football Club telephone number.
15. Please provide the email address of the contact person if it is different from the Football Club email address.
16. Please state the position of the contact person within the Football Club e.g. Secretary, Treasurer, Committee Member etc.

GENERAL CLUB INFORMATION

17. Some Football Clubs utilise many 'home' grounds for training and match purposes. Please provide the names and addresses of all grounds and indicate whether they are used for match purposes, training purposes or both, together with indications of whether or not those grounds have lighting by inserting 'Y' for Yes, the ground is lit, or 'N' for No, the ground is not lit.
18. Registered player numbers are broken down into male and female, those under 18 years of age and those over 18 years of age. The total number of registered male and female players should equal the total numbers of those under 18 years of age and those over 18 years of age, for example:

	Male:	100	Female:	100
Under 18:	60		Under 18:	70
Over 18:	40		Over 18:	30
19. Attach a colour image of the Football Club's logo (if applicable).
20. A Football Club can comprise many Committee members. Please provide a list of your current Committee members, together with their respective position on the Committee. Please notify your Competition Administrator or Member Federation should any of the Committee members no longer be associated with the Football Club.
21. Please indicate whether your Football Club has any paid employees who partake in football activities only (i.e. if a licenced club, provide only the details of paid personnel connected with football operations, not staff employed to conduct the business of the licenced club). If the answer is 'yes', please provide their names, their role within the Football Club and whether they are employed on a full time or a part time basis by indicating FT (full-time) or PT (part-time).

SIGNING

The Football Club Primary Contact must read the declaration and sign and date the form where required. **THE FOOTBALL CLUB WILL NOT BE REGISTERED IF THE FOOTBALL CLUB PRIMARY CONTACT HAS NOT COMPLETED THIS SECTION.**