



# APPLICATION FOR MEMBERSHIP 2018 CLUB AFFILIATION

**FEE: \$115.00**

**NAME OF CLUB OR ORGANISATION:**

.....  
Is this Club and Incorporated Body? YES/NO Please attach copy of Certificate of Incorporation

**NAME OF PUBLIC OFFICER OR PROPRIETOR:** .....

**POSTAL ADDRESS FOR CORRESPONDENCE:** .....

**CONTACT PHONE NOS.** Home: .....Work: .....  
Mobile ..... E-mail .....

**NAME OF NTCA DELEGATE:** .....

**CONTACT PHONE NOS.** Home: .....Work: .....  
Mobile ..... E-mail .....

I hereby apply for affiliation of this club with the NTCA and agree to abide by the Constitution and all other rules of the NT Calisthenics Association Incorporated.

Privacy Collection Statement

I authorise the information provided on this form to be used by the Northern Territory Calisthenic Association Inc ("the Association") for the administration of the sport of calisthenics and in accordance with the objects of the Association. This information will be held in an Association database at the Association office and I understand that I can access my personal information through the Association upon request. If the information is not provided I might not be permitted to participate in calisthenics competitions conducted by the Association.

I authorise the Association to forward the information contained on this form to the Australian Calisthenic Federation ("ACF") or governing bodies for use by it in the administration of the sport of calisthenics on a national level and in accordance with the objects of the ACF.

I acknowledge and consent to photographs and video footage being taken of this club and it's participants during performances. I acknowledge and agree that the Association and ACF may use the photographs or video footage for adjudication, training and promotional purposes without further consent being obtained. Further, I consent to the Association and ACF using my name, image, likeness and also my performances, at any time. to promote the sport of calisthenics, the Association or the ACF by any form of media.

I authorise the publication of my clubs' competition results.

I also agree to the Association and the ACF sending information pertaining to programs and promotions conducted by them from time to time.

**Signature**..... **Date** ...../...../.....

**Lodge application with the NTCA Registrar at [registrar.ntca@gmail.com](mailto:registrar.ntca@gmail.com) Payment of the fee must accompany this application. Preferred Method of payment Direct Deposit, Cheques to be made payable to NTCA.  
Payment due by 30 January 2018**

Acceptance of this application shall be subject to a vote of the NTCA committee of management at the next scheduled meeting after the Secretary receives the application. The Committee may accept or reject the application at its absolute discretion. If you do not have a copy of the constitution please request a copy from the NTCA Secretary at the address above.

### Club Committee of Management

POSITION	NAME	EMAIL	Phone or mobile:
Chairperson/President			
Secretary/Public Officer			
Treasurer			
Member Protection Officer (MPO)			
NTCA Delegate			
Club Enquires to:			

Practice Hall Locations- must nominate all halls name/address

.....

.....

.....

.....

- It is the responsibility of the Affiliated Club to notify the NTCA of all office bearers and coaches appointed by your Club and have a valid Ochre Card Clearance or Employer Exemption approved by Dept of Families and Children’s Services.
- Copy of Ochre Card or approved Exemption Form will be accepted, until Ochre card is received, and
- Copy to be provided to NTCA Member Protection Officer:  
PO Box 43364 Casuarina NT 0811 or email NTCA Secretary [secretary@ntcalisthenics.org.au](mailto:secretary@ntcalisthenics.org.au)

Before being appointed to any position for this Club Affiliation Form to be accepted and processed, it is the responsibility of the Club to ensure that this protocol has been adhered to.