



Club Affiliation Membership Form Year: 20_____

Club Details

- Arafura Calisthenics Club Dream Calisthenics Dance Club
 Top End Calisthenics Club – Jingili Top End Calisthenics Club - Palmerston
 New Club: Name _____

Is the Club Incorporated Yes No If yes, please attach copy of Certificate of Incorporation

Postal Address _____

Suburb _____ Postcode _____

Hall locations (Name/Address) _____

Email _____

Website _____

Social media pages _____

Club enquiries to (position) _____

Club Contact Details

Public Officer/Proprietor Name _____ Contact No _____

Email _____

NTCA Delegate Name _____ Contact No _____

Email _____

President Name _____ Contact No _____

Email _____

Secretary Name _____ Contact No _____

Email _____

Treasurer Name _____ Contact No _____

Email _____

Member Protection Officer Name _____ Contact No _____

Email _____

Fees

- \$ 115.00 – Club Affiliation Fee

Payment to be made via bank transfer to: NTCA BSB: 633-000 Account Number: 165886714

Please reference payment with Club name + Affln e.g. Dream Affln

Note: Payment due by 30 January

Declaration

I hereby apply for affiliation of this club with the Northern Territory Calisthenics Association (NTCA) and agree to abide by the Constitution and all other rules of the NTCA.

I authorise the information provided on this form to be used by NTCA for the administration of the sport of calisthenics and in accordance with the objects of the NTCA and be recorded in the Australian Calisthenics Federation (ACF) database, stored outside of the jurisdiction of the Northern Territory.

I authorise the NTCA to forward the information contained on this form to the 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, video and audio recordings being taken of this club and its participants during performances. I acknowledge and agree that the NTCA and ACF may use our club name, images, recordings, likeness and my performances, for adjudication, training, publications, communications and promotional purposes without further consent being obtained.

I authorise the publication of my club's competition results.

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

I confirm that the above information contained in this form is correct and agree with the declaration.

Working with Children Clearances for all our committee members and coaches are attached.

Signature: _____

Date: _____

Acceptance of the application shall be subject to a vote of the NTCA Committee at the next scheduled meeting after the Registrar receives the application. The Committee may accept or reject the application at its absolute discretion.

Please submit the form via email to registrar.ntca@gmail.com by 30 January.

Calisthenics – the artistic sport uniquely Australian

The Northern Territory Calisthenics Association is affiliated with the Australian Calisthenic Federation

Postal: PO Box 43364 Casuarina NT 0811

Email: secretary@ntcalisthenics.org.au

Website: www.ntcalisthenics.org.au

ABN: 78 966 44 895

Office Use Only

Date fees paid: Receipt Number

Date ACF database updated Form and documentation filed

Actioning Officer Date