

COMMITTEE AFFILIATION 2024

To register for Affiliation please complete all questions.

Committee Name: **

Event Location:

** Please note - CCA Insurance is only able to cover recognised Associations or Clubs.

CONTACT DETAILS

Contact Name :

Position:

Contact Phone:

Contact Email:

Address:

PIC Number:

ABN:

OTHER CONTACT DETAILS

Committee Member Name:

Position:

DECLARATION

We agree to adhere to the Rules and Guidelines and reporting requirements of the CCA including completed Volunteer Registers for each sanctioned Event

☐ Yes

Signature:

Printed Name / Position:

Date: