

# COMMITTEE AFFILIATION 2024

To register for Affiliation please complete all questions.

Committee Name :

Event Location:

## 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

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Yes

Signature:

Printed Name / Position: