

SHOALHAVEN HOCKEY INC.

CLUB MEMBERSHIP APPLICATION AND AGREEMENT

_____ (name of organization, hereinafter referred to as “the Club”) hereby makes application to the Shoalhaven Hockey Incorporated (hereinafter referred to as “the SHInc”) to be a Member Club of the SHInc.

In consideration of the SHInc accepting the application from the Club to be a Member Club, the Club acknowledges and agrees that:

- (a) The Constitution of the SHInc constitutes a contract between the Club and the SHInc and that the Club is bound by the Constitution, By Laws and Competition Rules of the SHInc.
- (b) The Club shall comply with and observe the Constitution, By Laws and Competition Rules and any determination or resolution which may be passed by the SHInc or by the Board of Management and/or Executive Committee.
- (c) By submitting to the Constitution, By Laws and Competition Rules of the SHInc, the Club is subject to the jurisdiction of the SHInc.
- (d) The Constitution, By Laws and Competition Rules are made in the pursuit of a common object, namely the mutual and collective benefit of the SHInc, its members and Hockey.
- (e) The Constitution, By Laws and Competition Rules are necessary and reasonable for promoting the Objects and particularly the advancement and protection of Hockey.
- (f) The Club is entitled to all benefits, advantages, privileges and services of SHInc membership.

We **enclose** the prescribed membership fee of One hundred dollars (\$100) as required to accompany this application.

Dated the _____ day of _____, 201____

Signed by _____ (**Signature**) _____ (**Signature**)
_____ (**Position**) _____ (**Position**)
_____ (**Name**) _____ (**Name**)

CLUB UNIFORM

Shirt	
Shorts/Skirt	
Socks	

SHOALHAVEN HOCKEY INC

2016 CLUB INFORMATION SHEET

Name of Club:.....

Contact person for all official correspondence:

Name of primary contact:.....

Role of contact within Club:.....

Address of contact:.....

Phone for contact: home:..... work:.....

Email address:.....

Alternate contact:.....

Phone: home:..... work:.....

Email address:.....

Billing address (for electronic delivery of invoices)

Treasurer's Email address:.....

Meeting delegates: (nominate up to 6 with any 2 to attend and vote at meetings)

Delegate 1:.....

Delegate 2:.....

Delegate 3:.....

Delegate 4:.....

Delegate 5:.....

Delegate 6:.....

This form should be completed and returned to the Secretary, Shoalhaven Hockey Inc, PO Box 800 Nowra 2541 with a cheque for \$100, by **1st March 2016**.

Or email to: secretary@shoalhavenhockey.org.au

with payment to: Shoalhaven Hockey's account (**BSB 802124 Account no 100058925**) with clear reference details