Australian STOCKMANS Challenge Association

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COMMITTEE AFFILIATION FORM

1st January 2018 to 31st December 2018

NAME: _____

ADDRESS _____

_____

TOWN _____ **STATE** _____ **POST CODE** _____

EMAIL: _____

CONTACT PHONE: _____

DATE/S OF EVENT: _____

PRESIDENT: _____ **Phone:** _____

Mobile: _____ **Email:** _____

SECRETARY: _____ **Phone:** _____

Mobile: _____ **Email:** _____

TREASURER: _____ **Phone:** _____

Mobile: _____ **Email:** _____

FEES:

Affiliation - $200 Insurance - $400 Amount Paid: _____ **Bank Details - BSB: 014 535 AC: 224 328 232**

This Committee does/does not give permission for ASCA to share our Facebook posts to help publicise our event.

We agree to abide by the rules and regulations of ASCA and hereby apply for Affiliation.

Signed: _____ Name: _____ Position: _____

Office Use Only: Date Received: Amount Received: Receipt No: