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## COMMITTEE AFFILIATION FORM

NAME:	
Address:	
Email:	Phone:
Date of Event/s	
President:	
Phone:	Email:
Secretary:	
Phone:	Email:
Treasurer	
Phone:	Email:
Person elected to act as the committee delegate:	
Fees: \$200 Affiliation fee \$400 Administration Fees	
Bsb: 014 535 Account: 224 328 232	Amount paid:
The Committee Does/does not give permission for ASCA to promote our event	
We agree to abide by the ASCA Rules and Regulations and hereby apply for affiliation	
Signed:	Name: Position: