



## **JOONDALUP NETBALL ASSOCIATION (INC)**

Suite 11 Lotteries House  
70 Davidson Tce,  
Joondalup WA 6027

Ph: 9301 4495  
Office Hours:  
Tues, Wed & Thur 9.30am – 2.30pm

### **2018 APPLICATION FOR AFFILIATION and CONTACT INFORMATION**

I, \_\_\_\_\_ on behalf of the \_\_\_\_\_  
Netball Club/Team, hereby apply for affiliation to the Joondalup Netball Association (Inc.) for 2018 and as a requirement of affiliation with Joondalup Netball Association, our club or team and our members agree to:

- Pay affiliation fees levied by Joondalup Netball Association for all members of the Club or Team
- Be a financial member of Netball WA
- Abide by the Constitution, By-Laws and Policies of the Joondalup Netball Association
- Be bound by and observe the Constitution, By-Laws and Policies of Netball WA

I understand that as the club/team contact my details will be kept on file at JNA and passed to West Coast Netball Region and Netball WA for the purpose of receiving information regarding courses, development and netball related matters. I understand that my contact details will also be placed onto the Joondalup Netball Association website.

JNA will request each club to nominate up to three contact persons. These people will be the ONLY people that are authorised to make enquiries or changes with regard to any matters to do with your club. At least **ONE** of the three nominated representatives **MUST** attend the delegates meetings as requested by JNA. (**Note:** failure to attend will result in a \$50 fine, as per fine # 13 of the JNA Policies & Procedures)

#### **WHAT IS EXPECTED OF THE CLUB CONTACT(S)**

The Club contact people are the liaison between the Club and the Association and must be contactable, by phone or email.

As a contact person for the Club you are responsible for the following:

- ☛ Check for any information or notices located at the match office on a weekly basis and pass these on to all Club members – note collected items must be signed for by one of the contacts;
- ☛ As JNA uses the email & website as our main method of contact, we ask that you check your emails & the JNA website on a regular basis to receive any correspondence & information from the Association;
- ☛ To pass on all information relating to the competition, courses, meetings, development and netball related matters to **all** Club members;
- ☛ To notify the Association match office staff of any forfeits or postponements, including your club umpire and the opposition club or team's contact person. A "Notice of Forfeit" form is to be completed and emailed to the JNA office;
- ☛ To be available on Saturdays & Mondays to discuss any matters pertaining to the Club during the competition;
- ☛ Arrange for a Club delegate to attend compulsory meetings (penalties will apply for non attendance).
- ☛ Liaise between your club members/parents and the Association as required. Only the nominated club contacts have the authority to make/advise changes or make enquiries that specifically relate to your club.

- ☛ To ensure all members have given permission for photography to be used for promotional purposes/development by JNA.

**As the official contact/s of the Club all correspondence will be addressed to you, should you be unavailable (holidays etc) at any certain time, please notify the office of a replacement email and contact details.**

**CLUB CONTACT DETAILS (PLEASE PRINT CLEARLY)**

Contact No 1

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

POSITION HELD ON CLUB COMMITTEE: \_\_\_\_\_ (IF APPLICABLE)

Contact No 2

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

POSITION HELD ON CLUB COMMITTEE: \_\_\_\_\_ (IF APPLICABLE)

Contact No 3

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

POSITION HELD ON CLUB COMMITTEE: \_\_\_\_\_ (IF APPLICABLE)

I would like all e-mail correspondence to be sent to (please circle):

All contacts as above,

**OR**

Contact No. 1 only - (If this option is selected please advise the office when to use one or more of the other contacts)

**NOTE: SHOULD THESE DETAILS CHANGE,  
PLEASE ADVISE THE ASSOCIATION AS SOON AS POSSIBLE.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

NAME: \_\_\_\_\_ (Print clearly)