

TOUCH FOOTBALL AUSTRALIA INCORPORATED ASSOCIATE REGISTRATION REGULATIONS

These Regulations have been established by the Touch Football Australia Board using the powers afforded it under clause 73 of the Association Constitution and have been formally adopted on 7th April 2009. The Affiliate Regulations refer specifically to clause 15 and shall be interpreted in accordance with the Constitution and this clause. In the event of any conflict or inconsistency the Constitution shall take precedence. Terms used in these Regulations shall have the same meaning as in the Constitution unless otherwise stated.

Associate registrations are made available for social clubs and groups who organise, collect fees, fundraise and run incorporated associations for the purposes of coordinating and entering teams into a local affiliated association. This process is important so that the National Insurance Scheme will provide coverage in particular for Public Liability and Directors and Officers Insurance giving the ability for the club or group to access a Certificate of Currency.

1) APPLICATION FOR ASSOCIATE REGISTRATION

- a) Applications for Associate Registration will only be accepted in the format provided in ANNEXURE 1 of this document.
- b) A registration fee must accompany all applications. This fee is \$110 including GST for an annual fee payable at the commencement of registration and due to be paid each year by September 30 for a full year's registration from the beginning of the next calendar year.
- c) All applications without exception require a letter of support from the club's Affiliate.
- d) Once granted, registration with Touch Football Australia will be deemed ongoing until such time as the club fails to meet its registration obligations or a Cancellation of Registration form has been submitted.

2) REGISTRATION REPORTING REQUIRMENTS

- a) An Annual Statement of Particulars (see ANNEXURE 3) must be submitted each year no later than September 30.
- b) Failure to lodge the Annual Statement of Particulars by the date specified in regulation 2(a) will result in immediate suspension of registration.
- c) When an Annual Statement of Particulars is deemed unsatisfactory the Associate will be granted 30 days to address deficiencies before cancellation of registration process is initiated.

3) REGISTER OF PARTICIPANTS

- a) The club must supply to its Affiliate a completed Touch Football Australia Member Registration Form for all participants.
- b) Alternatively if the affiliate of which the club enters teams up loads all their membership information into the TFA Database, then all we require are the names and which divisions the club enters teams.

4) FINANCIAL OBLIGATIONS

- a) An annual registration fees must be paid each year no later than September 30.
- b) All invoices payable to Touch Football Australia must be paid in accordance with the term stated on the invoice.
- c) Failure to pay within the specified time frame will result in suspension of associate registration which includes insurance cover.

5) CANCELATION OF REGISTRATION

19/08/2009

- a) Requests for the cancelation of registration will only be accepted in the format provided in ANNEXURE 2 of this document.
- b) All outstanding reporting and financial obligations must be fulfilled before an associate is released from its obligations.

ANNEXURE 1

APPLICATION FOR AFFILIATION

TOUCH FOOTBALL AUSTRALIA INCORPORATED

I, a duly authorised officer
of ("applicant")
residing at.....
.....

hereby apply (on behalf of the applicant) for affiliation to Touch Football Australia.

In the event of admission as an Affiliate, the applicant agrees to be bound by the Constitution, Regulations, by laws, policies and directives of Touch Football Australia for the time being in force. In particular the applicant agrees that it shall:

- (a) be subject to the control and direction of Touch Football Australia in respect of all matters relating to Touch;
- (b) be incorporated or in the process of becoming incorporated;
- (c) adopt the Objects and adopt rules which reflect, and which are to the extent permitted or required by the State Acts, in conformity with the Touch Football Australia Constitution;
- (d) support Touch Football Australia in the encouragement and promotion of the Objects; and
- (e) by adopting the Objects, abide by the Touch Football Australia Constitution.

Signature:

(Date)

ANNEXURE 2

CANCELATION OF ASSOCIATE REGISTRATION

TOUCH FOOTBALL AUSTRALIA INCORPORATED

I, a duly authorised officer
of ("affiliate")
residing at.....
.....

hereby express the above associates desire to cancel registration with Touch Football
Australia.

In submitting this cancelation I understand the following:

- (a) all associate benefits will be suspended immediately;
- (b) the associate will no longer be covered by the Touch Football Australia insurance
policy;
- (c) all reporting and financial obligations must be fulfilled before an associate is released
from its obligations.

Signature:

(Date)

ANNEXURE 3

Touch Football Australia

ANNUAL STATEMENT OF PARTICULARS

1. ASSOCIATE REGISTRATION NAME

	Inc.
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2. ASSOCIATE ADDRESS(ES)

Preferred Postal Address:		State	Post Code
Main Competition Venue or Affiliate Link:		State	Post Code
Preferred Contact Number			
General Email Address			

3. NAME AND ADDRESS OF CURRENT COMMITTEE MEMBERS (if insufficient space, attach list with remaining information)

Position Held	Full Name and Email Address	Date Elected

4. SEASONAL ACTIVITIES & COMMENCEMENT DATES (if insufficient space, attach list with remaining information)

Seasonal Activity	Commencement Date	Finishing Date

5. ASSOCIATE REGISTRATION COMPLIANCE

All obligations required for the purpose of maintaining Incorporation have been met to the satisfaction of relevant legislation and administering government department.	<input type="checkbox"/>
Where non compliance is indicated, in accordance with Regulation 1(a)(i) the affiliate has 12 months to provide evidence of satisfactory resolution.	
An Annual General Meeting has been held and the Annual Report and all relevant documentation resulting from changes to the Affiliate rules, objects and policies are attached.	<input type="checkbox"/>
Risk Management Processes can be demonstrated.	<input type="checkbox"/>
Financial obligations have been met or appropriate steps taken to maintain a "Financial" status with Touch Football Australia.	<input type="checkbox"/>
All member details have been uploaded to the TFA database via Sportzware in accordance with TFA insurance and player eligibility requirements.	<input type="checkbox"/>

As a current office-bearer of this affiliate, I certify that the particulars shown on this form are true and correct, and reflect the association's compliance with Touch Football Australia's Affiliate Regulations

<p>.....</p> <p>Signature</p>	<p>.....</p> <p>Signature</p>
<p>.....</p> <p>Name</p>	<p>.....</p> <p>Name</p>
<p>.....</p> <p>Position</p>	<p>.....</p> <p>Position</p>

Please lodge the Annual Statement of Particulars and required supporting documentation with the Touch Football Australia National Office no later than September 30.

Touch Football Australia
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 Deakin ACT, 2600

PO Box 9078
 Deakin ACT 2600

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 Fax: (02) 6212 2822