

TOUCH FOOTBALL AUSTRALIA INC ("ASSOCIATION") AFFILIATION REGULATIONS

These Regulations have been established by the Touch Football Australia Board using the powers afforded it under clause 73 of the Association Constitution. 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.

1) APPLICATION FOR AFFILIATION

- a) Applications for Affiliation will only be accepted in the format provided in ANNEXURE 1 of this document.
- b) An affiliation bond must accompany all applications. This bond will be the sum of two team affiliation and insurance (National and relevant state components) fees and will be applied as credit to the first competition affiliation fees invoice.
- c) All applications without exception will be assessed against criteria set out in the Touch Football Australia Constitution.
- d) Once granted, affiliation with Touch Football Australia will be deemed ongoing until such time as the affiliated association fails to meet its affiliation obligations or a Cancellation of Affiliation form has been submitted.

2) AFFILIATION REPORTING REQUIREMENTS

- 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 affiliate benefits.
- c) When an Annual Statement of Particulars is deemed unsatisfactory the affiliate will be granted 30 days to address deficiencies before cancellation of affiliation process is initiated.

3) REGISTER OF PARTICIPANTS

- a) All participant details must be uploaded to the Touch Football Australia database via Sportzware no later than four weeks after the competition commencement date. After this period only those participants in the Touch Football Australia database will be covered under the Touch Football Australia insurance policy.

4) FINANCIAL OBLIGATIONS

- a) Affiliation and insurance fees must be paid within four weeks of the commencement of a competition.
- 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 Affiliate benefits which includes insurance cover.

5) CANCELLATION OF AFFILIATION

- a) Requests for the cancellation of affiliation 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 affiliate is released from its affiliation 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

CANCELTATION OF AFFILIATION

TOUCH FOOTBALL AUSTRALIA INCORPORATED

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

hereby express the above affiliates desire to cancel affiliation to Touch Football Australia.

In submitting this cancelation I understand the following:

- (a) all affiliate benefits will be suspended immediately;
- (b) participants competing in an unaffiliated competition will no longer be covered by the Touch Football Australia insurance policy;
- (c) participants competing in an unaffiliated competition will not be eligible to compete in Touch Football Australia events and teams;
- (d) all reporting and financial obligations must be fulfilled before an affiliate is released from its affiliation obligations.

Signature:

(Date)

ANNEXURE 3

Touch Football Australia

ANNUAL STATEMENT OF PARTICULARS

1. AFFILIATE NAME

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Inc.

2. AFFILIATE ADDRESS(ES)

Preferred Postal Address:		State	Post Code
Main Competition Venue:		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. COMPETITION COMMENCEMENT DATES

Seasonal Competition	Commencement Date	Finishing Date

5. AFFILIATE 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"/>
Financial obligations have been met or appropriate steps taken to maintain a "Financial" status with Touch Football Australia.	<input type="checkbox"/>
Active participation in the ASET program has been maintained and all activities generated through the program have been implemented.	<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

..... Signature Signature
..... Name Name
..... Position Position

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

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Deakin ACT 2600

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