

Application for Sporting Club Affiliation 2019

Upon completion this form must be lodged with CAMS to:
affiliations@cams.com.au (preferred) or via post to **CAMS, PO Box 147, CAULFIELD EAST VIC 3145**.
Please note that all cheques are to be sent to this postal address.

Club's CAMS ID

Please leave blank if unknown or the club is seeking affiliation with CAMS for the first time.

Club Details

LEGAL NAME

POSTAL ADDRESS

SUBURB

STATE

POSTCODE

Primary Club Contact

This person is CAMS' first point of contact for all CAMS-related matters, with the exception of matters concerning State Council.

FULL NAME

CLUB POSITION
/TITLE

CAMS ID
(If known)

PHONE

EMAIL

CLUB WEBSITE

CLUB FACEBOOK
*(Or preferred social media
channel)*

MONTH OF ANNUAL
GENERAL MEETING

DISPLAY CLUB DETAILS
ON CAMS WEBSITE YES NO *(If no selection is made, 'YES' will be the default option.)*

CLUB MEETINGS AND
LOCATIONS
*(eg. every third Sunday of the
month)*

CAMS OFFICE USE ONLY

DATE RECEIVED:

— —

AMOUNT PAID:

RECEIPT NO.:

SC MINUTE NO.:

Event Disciplines

PLEASE INDICATE WHAT TYPE OF EVENTS/DISCIPLINES YOUR CLUB IS INVOLVED IN:

RACE SPEED RALLY OFF ROAD AUTOTEST SOCIAL OTHER
Please enter

Would your Club like Further Information on?

Club Business Workshops CAMS Club Development Fund CAMS Club Challenge Australia CAMS Media Club Profile

If your club would like to obtain any CAMS Membership Cards, please contact your jurisdiction's CAMS Office.

Voting Rights

Would your club like for the relevant CAMS Office to make contact to discuss voting rights?
(either how to obtain them, relinquish them or confirm whether the club does or does not currently hold them)

YES NO

Sporting Club Affiliation Fee (inc. GST) (please tick one box only)

TOTAL NUMBER OF CLUB MEMBERS

Please state (in whole numbers) how many total members your club has (or anticipates to have, if the current figure is significantly lower than during the course of the club's year, e.g. due to the club undertaking its annual renewal process).

This figure is to include the members of your club that don't or have never held a CAMS Licence (Competitor or Official).

Failure to complete this section may delay the club's application for affiliation until a figure has been declared.

1-39 members	Sporting Club Plan 1	\$355.00
40-100 members	Sporting Club Plan 2	\$615.00
101-200 members	Sporting Club Plan 3	\$860.00
201+ members	Sporting Club Plan 4	\$1,250.00

Total Payment \$

PAYMENT

Please note that ALL cheques and money orders are to be sent to the Victorian address listed at the top of the affiliation application's first page.

Paying by (please tick appropriate box)

CASH
(ONLY if paying in person at a CAMS Office. Cash is NOT to be sent via any postal service)

CHEQUE/MONEY ORDER
(Made payable to "Confederation of Australian Motor Sport Limited")

CREDIT CARD
(Please complete details. Please note that American Express is not able to be used for payment)

CARD NUMBER

EXPIRY / **CVV**

CARD TYPE **VISA** **MASTERCARD**

NAME ON CARD

SIGNED

SIGN HERE

Club Executive *(Please update/change if outdated or incorrect)*

Should Office Bearers change throughout the year (e.g. after an AGM), please notify your jurisdiction's CAMS Office, so that the club's details can be kept as accurate as possible.

If your organisation is under the jurisdiction of a state government regulatory body (e.g. Office of Fair Trading, Consumer Affairs, et. al.) or the Australian Securities and Investments Commission, your organisation is also obligated to meet requirements relating to the change of Office Bearers. If you require more information regarding this matter, please contact the regulatory body in question to which your organisation is under the jurisdiction of.

CLUB PRESIDENT

CAMS ID (If known) NAME

PHONE (MOBILE)

EMAIL

CLUB SECRETARY

CAMS ID (If known) NAME

PHONE (MOBILE)

EMAIL

CLUB TREASURER

CAMS ID (If known) NAME

PHONE (MOBILE)

EMAIL

STATE COUNCIL DELEGATE

If this field is left blank, this position will default to the Club's President.

CAMS ID (If known) NAME

PHONE (MOBILE)

EMAIL

STATE COUNCIL ALTERNATE DELEGATE

If this field is left blank, this position will default to the Club's Secretary, or President if the Club's Secretary is the Club's current State Council Delegate.

CAMS ID (If known) NAME

PHONE (MOBILE)

EMAIL

PLEASE TURN OVER TO THE APPLICATION STATEMENT

Clubs Seeking to Affiliate with CAMS for the First Time

Clubs Seeking to Affiliate with CAMS for the first time are advised to submit the following as part of their application.

- Club's current constitution and by-laws (containing the club's objects)
- Completed affiliation application form, ensuring each section is completed
- Verification of club's legal status (e.g. Certificate of Incorporation)
- Payment of requisite affiliation fees

APPLICATION STATEMENT

I, FOR AND ON BEHALF OF, THE CLUB NAMED IN 'CLUB DETAILS' SECTION OF THE APPLICATION FOR AFFILIATION:

1. Make application for affiliation with CAMS
2. Understand that if CAMS accepts your application it will grant to the club all the benefits, advantages, privileges and services associated with that type of affiliation membership of CAMS
3. Acknowledge that as a condition of acceptance of this application that this club undertakes to be bound by the Constitution of CAMS and the National Competition Rules (NCR) together with all other regulations and instructions issued on behalf of CAMS
4. Understand that any breach of such requirements may render the club liable to loss of affiliation as well as other penalties as provided for by the NCR
5. Understand that any breach may render invalid insurance indemnity for any event in question
6. Understand that subject to compliance with these conditions the club shall be entitled to organise non-competition events only as authorised events by means of a permit issued on behalf of CAMS
7. Undertake to submit membership returns when requested by CAMS
8. Will provide a register of the club's financial members within five (5) working days upon formal request of CAMS
9. Duly authorise the club member specified on the previous page as the State Council Delegate or Alternate to be the nominated representative of the club
10. Accept that this application for affiliation is subject to the approval of the CAMS State Council (or CAMS State Council Executive) in the jurisdiction where the club is domiciled. Should the club's application for affiliation with CAMS be rejected by the relevant CAMS State Council (or CAMS State Council Executive), CAMS is not obliged to give reasons for not accepting the club's application for affiliation

SIGNATURE OF CLUB SECRETARY OR AUTHORISED PERSON ON BEHALF OF APPLICANT CLUB:

NAME

POSITION

SIGNATURE

DATE

Additional insurance product to the coverage offered through affiliation with CAMS - it is not compulsory

Association Liability Insurance

In addition to the insurance coverage offered through affiliation with CAMS (including access to CAMS' public liability coverage*), your club also has the opportunity to obtain discounted Association Liability Insurance through CAMS' insurance broker, Gallaghers. Association Liability Insurance protects insured associations and their directors & officers against claims arising from the management of the organisation.

YES

NO

Would your club like more information regarding Association Liability Insurance?

** Events may require the issuing of a CAMS permit*

(Please be mindful that this insurance product, should your club wish to obtain it, would be a separate and additional cost to the affiliation with CAMS)

RETURN TO
affiliations@cams.com.au or
PO BOX 147, Caulfield East, Victoria, 3145