

APPLICATION FOR AFFILIATION FORM

Complete this form if you represent a Club that you wish to affiliate with the Arc. Please read the Affiliation Package before filling out this form. **ALL** details must be filled in for this application to be accepted. Please check that this application is complete before submitting.

Club Information

Club/Society Name: _____

Category (circle one): Regular **OR** Constituent **OR** Small

Number of Arc Members: _____

Number of Full Members: _____

Number of Associate Members: _____

Cost of Full membership: \$ _____ Associate: \$ _____

Date of your Club's most recent Annual General Meeting (AGM): _____

Date(s) of any Extraordinary General Meeting (EGM) since the AGM: _____

Contact Details

Please nominate a person for general Club enquiries:

Name: _____ Position: _____

Contact Numbers (T): _____ (M): _____

Email: _____

Club Email: _____

Club Website: _____

*** This e-mail will be accessible to the general public via www.arc.unsw.edu.au**

Aims/Activities of the Club

Please provide a brief description of the following:

Club Aims:

2009 Club Activities:

***This information will be accessible to the general public via www.arc.unsw.edu.au**

Executive Details

Please include all current Executives according to the Club's Constitution and the most recent AGM. Each regular Club must have at least three different Club members on the Executive, where small clubs must have two.

PRESIDENT: _____ Student Number: _____

Address: _____ Arc Number: _____

Email: _____ Phone Number: _____

SECRETARY: _____ Student Number: _____

Address: _____ Arc Number: _____

Email: _____ Phone Number: _____

TREASURER: _____ Student Number: _____

Address: _____ Arc Number: _____

Email: _____ Phone Number: _____

Arc DELEGATE: _____ Student Number: _____

Address: _____ Arc Number: _____

Email: _____ Phone Number: _____

VICE PRESIDENT: _____ Student Number: _____

Address: _____ Arc Number: _____

Email: _____ Phone Number: _____

POSITION _____: Name: _____ Student Number: _____

Address: _____ Arc Number: _____

Email: _____ Phone Number: _____

POSITION _____: Name: _____ Student Number: _____

Address: _____ Arc Number: _____

Email: _____ Phone Number: _____

POSITION _____: Name: _____ Student Number: _____

Address: _____ Arc Number: _____

Email: _____ Phone Number: _____

Financial Information

If your Club has a bank account, please provide the following details. It is compulsory for new Clubs to set up a bank account once they are affiliated:

Account Name: _____

Account Number: _____

Bank: _____

Bank Branch Name: _____

Who are the current THREE signatories for the account?

1. Name: _____ Former Position: _____

2. Name: _____ Former Position: _____

3. Name: _____ Former Position: _____

Who are the new THREE signatories for the account?

1. Name: _____ Position: _____

2. Name: _____ Position: _____

3. Name: _____ Position: _____

Constitution

What Constitution applies to your club (circle one):

Arc Clubs model Constitution **OR** Club's own Constitution **OR** No Constitution

Requirements of affiliated Clubs

The Club agrees to the following requirements of affiliated Clubs:

- To adhere to Arc's membership requirements that all Club members are Arc members or Arc Club members (this does not apply to Constituent Clubs)
- To have a Constitution that complies with Arc's minimum requirements
- Attend all Clubs General Meetings
- Display the Arc logo on all Club publicity material and publications including the Club website (if the Club has a website)
- Updates the Arc on any changes to the Club executive or office bearers
- To not cover or remove official in-date Arc promotional or information material
- Allows Arc access as an observer to all AGM's and EGM's of the Club.
- Keep financial accounts up-to-date and open for inspection by Arc for spot audits (2 weeks notice will be given)
- Abide by any requests by the Arc related to a complaint regarding the Club
- Allows the Arc the right to monitor any Club activity for insurance purposes

Application to Affiliate

As an authorised representative of the Club, I agree to the requirements of affiliated Clubs. I understand that submission of this Application for Affiliation Form is subject to approval of the Arc.

Name: _____ Position: _____ Date: _____

Signed: _____

Please submit to:

Student Development Reception

Level 1, Roundhouse

T 9385 9840

clubs@arc.unsw.edu.au

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