

USC STUDENT GUILD CLUB AFFILIATION FORM

Club Information

Are you:					
A new club, applying to affiliate with the USC Student Guild.					
An existing club, applying to re-affiliate with the USC Student Guild.					
Name of Club or Society:					
Club Primary Email:					
Club Proxy Email:					
Club Website:					
Club Social Media:					
Primary Location:					
Sippy Downs More	ton Bay	Fraser Coast	Gympie	Caboolture	
Are you affiliated with a faculty or department of the University? If			P If Yes		No
Yes, who is your staff contact / representative:					
Are you affiliated with any external organisation?			Yes		No
If Yes, which organisation are you affiliated with?					
Do you have an existing ABN?			Yes		No
Description of Club or Society:					

Financial Information

Please give details of your club bank account. If you haven't opened a club account yet, leave blank.

Name of Bank:

Account Name:

Account Number:

BSB:



Executive Information

Please list all Executive Members of your club. You are expected to at least have a President, Vice-President and Treasurer (or equivalent). All club members, including executive members, must be currently enrolled USC Students.

Position:	
Name:	Student Number:
Contact Number:	Contact Email:
Position:	
Name:	Student Number:
Contact Number:	Contact Email:
Position:	
Name:	Student Number:
Contact Number:	Contact Email:
Position:	
Name:	Student Number:
Contact Number:	Contact Email:
Position:	
Name:	Student Number:
Contact Number:	Contact Email:
Position:	
Name:	Student Number:
Contact Number:	Contact Email:



Attachment Checklist

Please email the following documents to <u>ClubsStudentGuild@usc.edu.au</u>.

Club Logo

Financial Membership List

Current Constitution

AGM Minutes

Proposed events schedule for the current semester

Health Safety and Wellbeing Training Modules (Students) certificate for all executive

members Respect. Now. Always. certificate for all executive members

"I'm Alert" Food safety training certificate for all executive members (or equivalent)

Confirmation

I confirm that the information provided in this application is current and correct to the best of my knowledge and allow it to be used for the purpose of considering the clubs eligibility to become affiliated or re-affiliated with the University of the Sunshine Coast Student Guild.

The University of the Sunshine Coast Student Guild declare that they will not use the information provided for any other purpose than stated above without the consent of the Club or Society or disclose the information to any other party, and appropriate security measures will be made to protect the information from unauthorised access, use or disclosure.

Please note that in the instance that a breach of this agreement occurs, the Student Guild Board may, at their own discretion, request refund of any funding provided and the Club or Society may risk de-affiliation.

I have read and understood the above declaration.

SUBMITTED BY	RECEIVED BY
Name	Name
Signature	Signature
Date	Date