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| **SECTION A** |

**Are you:**

Applying to affiliate with the USC Student Guild

Applying to re-affiliate with the USC Student Guild

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| **DESCRIPTION AND CONTACT INFORMATION** | |
| Name of Club or Society |  |
| Logo |  |
| Description about the Club or Society  *(May include purpose and objectives)* |  |
| Contact Email/s |  |
| Contact Numbers |  |
| Links to Club’s website  (if applicable) |  |
| List of Facebook Pages and/or Social Media groups |  |

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| **SECTION B** |

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| **BANK ACCOUNT DETAILS** | |
| Name of Bank or Credit Union: |  |
| Account Name: |  |
| BSB: |  |
| Account Number: |  |

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| **CLUB EXECUTIVE**  Please list all Executive members of your club below. You are expected to at least have a President, Vice-President, Secretary, and Treasurer. | |
| Position: |  |
| Guild Membership Number: |  |
| Contact Email: |  |
| Contact Number: |  |
| Position: |  |
| Guild Membership Number: |  |
| Contact Email: |  |
| Contact Number: |  |
| Position: |  |
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| Contact Email: |  |
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| **SECTION C** |

**ATTACHMENTS**

*Please ensure the following are included with this application:*

List of student members (fill out attachment 1)

Club Constitution

Last AGM Minutes (if applicable)

Resource Register/Asset List (what is owned)

Recent Financial Statement (if applicable)

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| **AFFILIATION APPLICATION DECLARATION** |

I, of declare 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 Club’s 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 risk de-affiliation.

**Club Representative**

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| **NAME:** |  |
| **POSITION:** |  |
| **SIGNATURE:** |  |
| **DATE:** |  |

**University of the Sunshine Coast Guild Representative:**

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| **NAME:** |  |
| **POSITION:** |  |
| **SIGNATURE:** |  |
| **DATE:** |  |
| **Date Received: Date Reviewed: Granted:** Yes / No | |

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| **ATTACHMENT 1: List of Student Members** |

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| **Name** | | **Student ID Number** |
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