



RE-AFFILIATION APPLICATION

CLUBS, SOCIETIES AND COLLECTIVES

Committee Details

To re-affiliate with the Guild, the Guild requires all current CSC committee members to be fully-paid Guild members.

President:

Name: _____ Signature: _____

Contact Phone Numbers: (Landline) _____ (Mobile) _____

E-mail address: _____

Student Number: _____

Yes, I give permission to be a club contact.

What information can be released to the public? (I.e. on website or other) Email Mobile

Landline

Vice-President:

Name: _____ Signature: _____

Contact Phone Numbers: (Landline) _____ (Mobile) _____

E-mail address: _____

Student Number: _____

Yes, I give permission to be a club contact.

What information can be released to the public? (I.e. on website or other) Email Mobile

Landline

Treasurer:

Name: _____ Signature: _____

Contact Phone Numbers: (Landline) _____ (Mobile) _____

E-mail address: _____

Student Number: _____

Yes, I give permission to be a club contact.

What information can be released to the public? (I.e. on website or other) Email Mobile

Landline

Secretary:

Name: _____ Signature: _____

Contact Phone Numbers: (Landline) _____ (Mobile) _____

E-mail address: _____

Student Number: _____

Yes, I give permission to be a club contact.

What information can be released to the public? (I.e. on website or other) Email Mobile

Landline

Committee Members:

The Societies and Activities Regulations states that all committee members must be fully-paid Guild Members to be eligible to affiliate with the Guild. Please list your committee members (excluding your secretariat) in the table provided below. NOTE: You will incur penalties if you are found to be providing miss-leading information, or for the exclusion of any committee members.

Name	Position in CSC	Student Number	Email Address

***NOTE: If you need more space, draw up a table on the reverse side and complete the required information illustrated in the table above.**

Project Planner

Please detail the projects planned by your CSC below. If you prefer, you can attach a more detailed calendar of events.

Project Name	Date	Location	Brief Description of what you want to do

Current Membership Stats

	PAID	UNPAID
How many members are in your CSC.		

Certification

I, _____ (*insert name of person filling out this form*), on behalf of _____ (*insert CSC name*) have filled out the above details correctly and understand that if found to have provided false or incorrect information, risk being penalised by the S&A Board and/or disaffiliated from ECU Guild. I also understand that as an affiliated CSC of the Guild, I must abide by the Societies & Activities Board Regulations and ECU Student Guild Club Policy, as per the attached Service Agreement.

SIGNED: _____ DATED: _____