

**CHESS ASSOCIATION OF QUEENSLAND INC**

Affiliated with the Australian Chess Federation Inc

ABN 95 728 873 325

**AFFILIATION APPLICATION/RENEWAL FORM: 1 Oct – 30 Sep**

**Name of Club or League:** .....

On behalf of the above-named club/league, we the undersigned apply for affiliation with the Chess Association of Queensland Inc.

The club/league agrees to abide by the Constitution, Rules, By-Laws and Standing Orders of the Association.

The affiliation fee of \$100 has been banked to the CAQ bank as above.

Junior clubs may apply for a waiver of the fee.

We nominate the following CAQ member/s to represent the club/league at general meetings of the Association.

**Delegate:** .....

**Proxy Delegates:** .....

**Note:** Clubs or leagues whose delegates are unlikely to be able to attend the Annual General Meeting or special general meetings are strongly urged to appoint proxy delegates who are likely to attend, to ensure that all clubs and leagues have a voice in Association affairs.

**Signatures:**

President: ..... Secretary: .....

**IMPORTANT INFORMATION**

Please complete and return / email both pages.

If first time application please include proof of not for profit status and list of 5 CAQ members that are members of your club or league.

**ALL OFFICE BEARERS ARE REQUIRED TO HAVE A BLUE CARD.**

Date of Birth is required to connect blue card holders to our register.

**Post to:** CAQ, 1 Daisy Court, Middle Ridge QLD 4350 or **Email to:** [secretary@caq.org.au](mailto:secretary@caq.org.au)

**CAQ Bank Details:** BSB 084391, Account: 205017068.

**Please use AFF and club name as reference.**

**CLUB DETAILS**

The club/league meets at (address): .....  
.....

On (day/s of week): ..... at: ..... am/pm

Website: .....

Contact Person: .....

Phone: ..... Email: .....

**OFFICEBEARERS**

**President:** ..... Date of Birth: .....

Phone: ..... Email: .....

Address: .....

Blue Card Number ..... Expiry Date .....

**Secretary:** ..... Date of Birth: .....

Phone: ..... Email: .....

Address: .....

Blue Card Number ..... Expiry Date .....

**Treasurer:** ..... Date of Birth: .....

Phone: ..... Email: .....

Address: .....

Blue Card Number ..... Expiry Date .....

**If first time applying for affiliation, please list names and date of birth of 5 CAQ members in your club/league.**

Name: ..... Date of Birth: .....

Name: ..... Date of Birth: .....

Name: ..... Date of Birth: .....

Name: ..... Date of Birth: .....

Name: ..... Date of Birth: .....