



AFL CAIRNS UMPIRES ASSOCIATION

MEMBERSHIP APPLICATION

Dear Secretary,

I hereby apply to become a Member of AFL Cairns Umpires Association Incorporated ("AFLCUA") and agree to be bound by the AFLCUA Constitution during the period of my membership.

First Name:	
Surname:	
Address inc. P/C:	
Primary Contact Number:	
Primary Email:	
Parent/Guardian Full Name (only required if under 18):	

- I have read and understand the [AFLCUA Members Code of Conduct](#)
- I have read and understand the [AFLCUA Social Media Policy](#)
- I will have turned 12 years of age by December 31st 2022
- I understand that I will not be appointed to a Senior panel if I am in an official executive position with a football club within AFL Cairns
- I agree to pay the Membership fee, as prescribed.

Signature of Applicant or

Date:

Parent/Guardian (if under 18)

Email form to AFLCUA Secretary

(PRIVATE AND CONFIDENTIAL WHEN COMPLETE)