

AFL CAIRNS UMPIRES ASSOCIATION

2023 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 th ☐ I have read and understand th ☐ I will have turned 12 years of a ☐ I understand that I will not be within AFL Cairns	e <u>AFLCUA Social Media P</u> age by December 31 st 202	olicy 3	ive position with a football club
☐ I agree to pay the Membership) fee, as prescribed.		
Signature of Applicant or		Date:	
Parent/Guardian (if under 18)			

Click to email form to the AFLCUA Secretary: secretary@aflcua.asn.au