



**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.

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

I am a:

New member       Returning member       Social member       Life member

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 31<sup>st</sup> this year

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)**

Click to email form to the AFLCUA  
Secretary: [secretary@aflocua.asn.au](mailto:secretary@aflocua.asn.au)

**(PRIVATE AND CONFIDENTIAL WHEN COMPLETE)**