

**Gloucestershire Football Association**  
**CLUB AFFILIATION FORM - SEASON 2020/2021**

Oaklands Park, Almondsbury, Bristol, BS32 4AG



\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*

**ADULT**

**Club Name:** \_\_\_\_\_

Please complete this form as fully as possible in accordance with any guidance notes given and return to the above address by **Monday, 3 August 2020**. Where information is missing or incorrect, please use the space provided to update. When you submit these details to us, you consent to us using them for football administration purposes and you acknowledge that such information may be included in correspondence with other relevant football parties, such as Clubs and Leagues.

The information you provide will also appear on our website. We require at least one telephone number to be available for publication. If you do not wish other telephone and/or fax numbers to be included on our website, please indicate this by ticking the 'private' box against the relevant number(s). Your e-mail address will not be included on our website and we will never share or disclose your e-mail address to the public.

**Club Secretary:**

Name:		Date Of Birth:	
Address (Including Postcode):			
Tel home:	Private <input type="checkbox"/>	Private <input type="checkbox"/>	
Tel work:	Private <input type="checkbox"/>	Private <input type="checkbox"/>	
Mobile:	Private <input type="checkbox"/>	Private <input type="checkbox"/>	
Fax:	Private <input type="checkbox"/>	Private <input type="checkbox"/>	
E-mail:			
Do you have internet access for purposes of running your club? Yes / No			
What is your website address?			
What is your club's email address?			

**Ground**

Provide the address and local authority of where you consider to be your home ground. If teams within your club play at grounds different to this, please provide the detail separately. If you do not know the ground address, then provide the name of the local authority of the ground that you consider to be your home ground. You can find a local authority at <http://neighbourhood.statistics.gov.uk>

Ground Address:
Local Authority :
If different from above:
If you do not know where you will play (for example waiting for a pitch to be allocated), then please tick here <input type="checkbox"/>

## Mandatory Contacts

### Chairman:

If same as secretary, please state 'As Secretary'

Name:		Date Of Birth:
Address (Including Postcode):		
Tel home:		
Tel work:		
Mobile:		
Fax:		
E-mail:		

### Treasurer:

If same as secretary, please state 'As Secretary'

Name:		Date Of Birth:
Address (Including Postcode):		
Tel home:		
Tel work:		
Mobile:		
Fax:		
E-mail:		

## Mandatory Contacts for Clubs with Youth Team(s) – Optional for Adult Team(s)

### Club Welfare Officer:

Please note that all clubs with youth teams (under 18 or below) must have a Club Welfare Officer (CWO) in order to affiliate. The CWO must have an accepted Enhanced FA DBS check. They must also have completed The FA Safeguarding for Committee Members, The FA Safeguarding Children and Welfare Officer Workshops. For any enquiries regarding this policy, please speak Gloucestershire FA Welfare Officer, Hugh Feltham on 01454 615888.

Name:		Date Of Birth:
Address (Including Postcode):		
Tel home:		
Tel work:		
Mobile:		
Fax:		
E-mail:		

List of Teams for Club Name:

Guidance Notes

Provide the details of all teams playing in the 2020/2021 season. Use additional sheets if necessary.

For the fields below please choose from the following options when entering your team details.

Age Group	Veterans / Open Aged / U23 / U21 / U19
Team Category:	11 v 11 - 9 v 9 - 7 v 7 - 6 v 6 - 5 v 5 - 4 v 4 - 3 v 3 - Futsal - Mini Soccer
Disability (if any)	Blind - Partially Sighted - Deaf and Hearing impaired - Cerebral Palsy - Learning Disability - Wheelchair - Amputee - Pan Disability
Usually Plays On:	Mon - Tue - Wed - Thu - Fri - Sat - Sun
Gender:	Male - Female

Team Name	
Age Group	
Gender	
Category	
Disability	
Usually Plays On	
Sponsor Name	
League Name 1	
League Name 2	
Main Colours	
Secondary Colours	
Manager/Coach (Name, Address and DOB fields must be completed)	Name:  Address:  DOB:
Emergency Contact	
Additional Team Contacts (State Role, Name, Address and DOB)	
Ground Details (if different from club's)	

Team Name	
Age Group	
Gender	
Category	
Disability	
Usually Plays On	
Sponsor Name	
League Name 1	
League Name 2	
Main Colours	
Secondary Colours	
Manager/Coach (Name, Address and DOB fields must be completed)	Name:  Address:  DOB:
Emergency Contact	
Additional Team Contacts (State Role, Name, Address and DOB)	
Ground Details (if different from club's)	

## Club Declaration Club Name:

The Club hereby undertakes to keep a register of members, cashbook, Minute Book and audited accounts of the Club in accordance with FA regulations.

By completing and signing this form, on behalf of the Club, the Club applies for membership of the Company and agrees with its members to be bound by the Memorandum and Articles of the Company and any rules and regulations made pursuant thereto including the rules and regulations of The Football Association.

Rule 4 (a) of The Football Association states that, "***Clubs, players and officials subject to the jurisdiction of The Football Association or an affiliated Association shall not be associated with or play with or against any Club which is not a Member of The Association or an affiliated Association.***" The Club agrees to ensure that all competitions the Club or its members compete in are sanctioned by the appropriate Association.

This completed affiliation form and the appropriate remittance must be returned to the Association **by Monday, 3 August 2020.**

We take your privacy very seriously and we process all information in accordance with applicable UK data protection legislation. We are committed to protecting your privacy and we implement various security measures in relation to our processing and transfer of personal data.

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Signature of Club Secretary

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Date

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**Please ensure you complete and return FORM A together with this affiliation form by Monday, 3 August 2020.**

FORM A is part of the enclosed affiliation letter and is headed 'Affiliation and Cup Entry Fees'.

No monies are required at this stage.

Your club will receive an invoice for affiliation and cup entry fees. **Payment of the invoices is required by 1 September 2020.**

## FOR OFFICE USE ONLY

Date Received						
Receipt Number						