

**Cheshire County FA**  
**CLUB AFFILIATION FORM - SEASON 2009/2010**

Hartford House, Hartford Moss Recreation Centre, Northwich, CW8 4BG



**Club Name:**

**CLUB AFFILIATION FORM - SEASON 2009/2010**

Please complete this form as fully as possible in accordance with any guidance notes given, and return to the above address by **01-Jul-2009**. Where information is missing or incorrect, please use the space provided to update.

**Club Secretary:**

Name:		Date Of Birth:
Name, address and date of birth if different to above		
Tel home:		
Tel work:		
Mobile:		
Fax:		
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:		

### 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 either an accepted enhanced FA CRB check or, as a minimum, have submitted their CRB paperwork to The FA CRB Unit, so that the check is in progress. They must also have completed The FA Safeguarding Children workshop. For any enquiries regarding this policy, please e-mail [footballsafes@TheFA.com](mailto:footballsafes@TheFA.com) or call 0845 210 8080.

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

**List of Teams for Club Name:**

Provide or update (if required) the details of all teams playing in the 2009/2010 season. Use additional sheets if necessary. For the fields below please choose from the following options when entering your team details.

Please note that for youth teams (ie where the age group is Under 18 or below) a Manager or Coach **must** be named.

**Age Group:** Veterans / Open Aged / U23 / U21 / U19 / U18 / U17 / U16 / U15 / U14 / U13 / U12 / U11 / U10 / U9 / U8 / U7  
**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 Football:** Non Disabled - 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, Mixed - U11 and over cannot be mixed

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)	
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)	
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 **1-Jul-2009** Failure to comply will result in a fine of **£25.00**.

We may use the information you provide to send you information about the products and services provided by the County FA and other third parties. If you do not wish to receive any information from us or third parties about products and services please contact the County FA in writing at the registered office.

\_\_\_\_\_  
Signature of Club Secretary

\_\_\_\_\_  
Date

**SUMMARY PAGE**

After completing the following:

- Club Affiliation Form (these pages vary club by club)
- Category of Membership Form (Page 1)
- CCFA Cup Form (Page 2)
- Insurance Declaration Form (Page 3)

Now all you need to do is send the forms with the Cheques i.e.

- Membership Fee including Public Liability Fee
- CCFA Cup Competition Fee
- Public Liability Insurance Fee (payable to CCFA and not Bluefin)

(Please note you may include a cheque for the full amount and not three separate cheques)

**IMPORTANT NOTICE FOR THOSE NOT TAKING CCFA PERSONAL ACCIDENT COVER WITH BLUEFIN (SBJ SPORTS)**  
(Club Affiliation Guide Page 6)

\* Personal Accident Insurance Certificate must be dated 1 July to 30 June each year and submitted with the affiliation forms if you have not taken out a policy with Bluefin.

\* A Personal Accident Insurance Certificate must be sent with the Affiliation forms or your affiliation forms will be sent back to you.

**DEADLINE FOR CLUBS REAFFILIATING**

**ALL AFFILIATION FORMS MUST BE SUBMITTED TO CHESHIRE FA HQ ON OR BEFORE 1 JULY 2009 OTHERWISE YOUR CLUB COULD BE FINED £25.00 FOR A LATE AFFILIATION SUBMISSION**

**IMPORTANT: SECRETARIES CHANGING ADDRESS THROUGHOUT THE SEASON MUST INFORM CHESHIRE FA IN ADDITION TO THEIR LEAGUES. IF YOU DO NOT DO THIS YOUR CLUB MAY BE FINED £10.00**

**FOR OFFICE USE ONLY**

<b>Date Received</b>						
<b>Receipt Number</b>						