

# **AFL PLAYERS' ASSOCIATION**

## **ALUMNI MEMBERSHIP APPLICATION FORM**

This application must be completed and lodged with the Executive Committee of the AFLPA by all persons wishing to become an Alumni member of the AFLPA. The Applicant becomes an Alumni member upon their application being accepted by the Committee and the payment of their membership.

### **Personal Details:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Partner/Support Person Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

### **VFL/AFL Playing History:**

VFL/AFL Club(s): \_\_\_\_\_

Games: \_\_\_\_\_ First year: \_\_\_\_\_

VFL/AFL Club(s): \_\_\_\_\_

Games: \_\_\_\_\_ First year: \_\_\_\_\_

VFL/AFL Club(s): \_\_\_\_\_

Games: \_\_\_\_\_ First year: \_\_\_\_\_

### **ACKNOWLEDGEMENT:**

I, \_\_\_\_\_ apply to be an Alumni member of the AFLPA and declare that the information set out in this application is true, complete and accurate in every respect. I agree to comply with, and be bound by, the AFLPA Constitution as it applies from time to time.

### **DATA AND PRIVACY:**

Your privacy is important to the AFLPA. AFLPA will collect, store and use the information you provide in this form in accordance with the Privacy Act 1988 (Cth), [AFLPA Privacy Policy](#) and [AFLPA Databases Player Guide](#). If you have any questions about the way the AFLPA collects, stores or uses information, please contact our Legal team at [legal@aflplayers.com.au](mailto:legal@aflplayers.com.au).

### **MEMBERSHIP PAYMENT:**

\$50 one time membership fee

\$25 for pensioners, one time membership fee

### **Please transfer the applicable membership fee to the below account:**

Account Name: AFL Players Association

BSB: 083 026

Account number: 45 735 1070

Reference: YOUR NAME AND CLUB PLAYED FOR

This fee is payable only at the commencement of the membership and entitles the Applicant to Alumni membership and all applicable Alumni membership benefits until the membership is terminated by the AFLPA or the member in accordance with the AFLPA Constitution.

Signed by the Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

