

AFL PLAYERS' ASSOCIATION

AFLW 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: _____

AFLW Playing History:

AFL Club(s): _____

Games: _____ First year: _____

AFL Club(s): _____

Games: _____ First year: _____

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.

MEMBERSHIP PAYMENT: BASED ON YOUR LAST YEAR ON AN AFL LIST

2017-2022 - \$50

2023 - \$414

2024 - \$452.50

2025 - \$528

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 (if you played for multiple clubs, please nominate your preferred club)

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: _____

