

Queensland Indoor Bowling Association Inc  
**ASSOCIATION AFFILIATION FORM**

**1 April 2017 to 31 March 2018**

Association Name .....

Contact: Name .....

Address .....

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Phone .....

Email .....

Please indicate your preferred correspondence method:      Mail (Australia Post)      Email

**Association Committee:**

PRESIDENT ..... Phone: .....

SECRETARY ..... Phone: .....

TREASURER ..... Phone: .....

Other Committee Members:

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**INSURANCE :**

**Will your Association be seeking exemption from the insurance component of the player registration fee?**

**YES / NO**

*Note: Proof of current insurance showing players will be covered when playing in all venues must be provided to the QIBA Inc to receive this exemption.*

**AFFILIATED CLUBS**

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