Procedure Statement

Intent
This procedure document is concerned with the application for Affiliate Membership.

Objectives
To ensure that all applications for Affiliate Membership are processed fairly and consistently.

Scope
Board, State Members, Staff, Club owners/ administrators.

Membership application
Affiliate membership is for groups Taekwondo clubs that are registered with the Australian Securities and Investment Commission (ASIC) as incorporated associations or companies.

Such entities will apply directly to AT using the Affiliate member form as attached.

If it is found that such an entity has not applied for Affiliate membership, they will be directed to do so by the CEO and will be provided with the membership form attached.

Details to be included are:
- Organisational details
  - Name,
  - ABN,
  - Address,
  - Contact details
- Organisation Office Bearers
- Scope of the organisation
  - Number of business entities, and
  - Instructors
- Instructor details
  - Name
  - Contact details
  - ABN (if applicable)
  - Proof of Business registration
  - Working with Children Check (or equivalent)
  - Kukkiwon rank and certificate
  - Photograph

The CEO, in consultation with the Membership Administrator, will recommend a membership fee to the Board based on the following:
- Number of business entities
Procedure: Affiliate Member

- Number of members in each of the entities
- Number of Head Instructors in all of the entities

The Board will approve a fee. The Organisation administrator will be informed and the fee will be paid by electronic transfer and a copy of the transfer provided to the Membership Administrator.

The organisation will then be issued with a Certificate of currency.

Associated Policies and Procedures
STAL Constitution, Affiliate Membership Pol.009.

Accountabilities

<table>
<thead>
<tr>
<th>Implementation</th>
<th>CEO &amp; Membership Administrator</th>
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<tbody>
<tr>
<td>Compliance</td>
<td>CEO</td>
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<tr>
<td>Monitoring and Evaluation</td>
<td>Membership Administrator/ CEO</td>
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<tr>
<td>Development and Review</td>
<td>Membership Administrator/ CEO</td>
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<tr>
<td>Interpretation and Advice</td>
<td>Membership Administrator/ CEO</td>
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</tbody>
</table>

Who Should Know This Procedure

1. All Authorities Delegated within this procedure are responsible for knowing this procedure that support this policy.

2. The CEO is responsible for the approval and maintenance of this procedure.

3. The Membership Administrator is responsible for implementation and ensuring adherence to this procedure and for educating users in the content of supporting procedure.
2017 AFFILIATE APPLICATION FORM

Affiliate Membership Fees and Payments:
Affiliate organisation membership payments will be considered by the Board on a case by case basis. The Board will set a fee commensurate with the size and scope of the organisation applying for Affiliate Membership under Clause 5.5 of the Constitution.

Organisation Name: ..........................................................................................................................................................................

Organisation ABN: ..............................................................................................................................................................................

Business Address: ..............................................................................................................................................................................

Suburb: ..............................................  State: .......................  Postcode: .....................

Contact Details:  Business (……..) ..............................................  Mobile ..............................................................

Fax (……..) ..............................................  Email: ..............................................................@

Organisation Office Bearers

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<tr>
<th>Full Name</th>
<th>Position</th>
<th>Phone</th>
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Scope of Organisation
Member Clubs/Branches *

<table>
<thead>
<tr>
<th>Club Name (Branch)</th>
<th>ABN (if applicable)</th>
<th>Instructor</th>
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* For each instructor please complete the details on page two and provide all required documentation with your application. The complete scope of your organisation must be declared as part of this application process. Affiliate Membership coverage will not extend to any Instructor or Branch that has not been declared as part of this application. Failure to fully declare the complete operation of your organisation may result in your application being denied.
Please Note: Member clubs must annually register all students with Australian Taekwondo (AT), and ensure that they wear the AT badge on their dobok

Affiliate Membership Application – Accompanying Documentation
Please supply a copy of this form duly completed for all instructors to be covered under the scope of this Affiliate Membership application. All documentation must be forwarded with the application. Affiliate Membership coverage will not extend to any Instructor or Branch Club that have not been declared as part of this application.

Club Branch and Instructor Details

Club/Branch Name: ………………………………………………………………………………………………………………………………………………..……….

Business Name: …………………………………………………………………………………………………..ABN Number: ……………………………

Instructor Details

Surname: ……………………………………………………………………………… First Name/s: ………………………………………………………………………

Kukkiwon Rank: ………… Kukkiwon Number: ……………………………… Kukkiwon Issue Date: ………………………………

Date of Birth: ………/……/……. Gender: M F (Please circle)

Address: …………………………………………………………………………………………………………………………………………………………………………………

Suburb: …………………………. State: ……….. Postcode: …………………

Contact Details: Home (……..) ……………… Work (……..) ………………… Mobile …………………

Fax (……..) ………………… Email: ……………………….@……………………………………

Please provide the following items to this application form:

1. Copy of current Working With Children Check/Police Check as per requirements of your residing State
2. One colour passport photo.
3. A copy of your Kukkiwon Dan Certificate or Card.
4. A copy of your certificate of “Registration of Business Name” or any other business document associated with the administration of your club (business card, letterhead etc).

In submitting this application, I acknowledge that it is a condition of my membership of Australian Taekwondo that I am required to comply with all rules, procedures and policies of the organisation, including any resolutions of the Board, or any duly authorised committee, and I agree to do so fully understanding that my failure to comply may result in my membership of Australian Taekwondo being suspended.

Instructor Signature:

………………………………………………

Date: …………………………………
Procedure: Affiliate Member

Document Management

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<th>Date</th>
<th>Change</th>
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<td>28 Feb 2017</td>
<td>Procedure approved</td>
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