## **APPLICATION FOR DEEMED MEMBERSHIP**

| Name of Person requested for Deemed Membership:  |  |          |        |        |         |       |        |   |      |         |       |  |
|--|--|----------|--------|--------|---------|-------|--------|---|------|---------|-------|--|
| Reason for Request:  |  |          |        |        |         |       |        |   |      |         |       |  |
| Dates of Activity:   |  |          |        |        |         |       |        |   |      |         |       |  |
| Please outline<br>person's relevant<br>qualifications and<br>experience:   |  |          |        |        |         |       |        |   |      |         |       |  |
| Other comments or relevant information   |  |          |        |        |         |       |        |   |      |         |       |  |
| Requested by:  |  |          |        |        |         |       |        |   |      |         |       |  |
| Name:  |  |          |        |        |         |       |        |   |      |         |       |  |
| Club:  |  |          |        |        |         |       |        |   |      |         |       |  |
| Phone No:  |  |          |        |        | Em      |       |        |   |      |         |       |  |
| In making this application, I confirm that the Club / Organising Committee will abide by the ACDS requirements for Deemed Membership and any additional requirements as may be requested by the ACDS Federal Council.  |  |          |        |        |         |       |        |   |      |         |       |  |
| I also confirm that if the Deemed Membership is approved by Federal Council, the person concerned will complete and sign an ACDS Membership Form prior to participating in ACDS activities and the completed form will be returned to the ACDS Assistant Secretary |  |          |        |        |         |       |        |   |      |         |       |  |
| Signature:   |  |          |        |        |         |       |        |   |      |         | Date: |  |
| State Branch Discipline Convenor Use   |  |          |        |        |         |       |        |   |      |         |       |  |
| Convenor Na  | ame:   |          |        |        |         |       |        |   |      |         |       |  |
| Date of Revi   |  |          |        |        |         |       |        |   |      |         |       |  |
| This application has been reviewed by the relevant State Branch Discipline Panel, in consultation with the State Branch Executive and Federal Convenor with the following outcome: (please tick)   |  |          |        |        |         |       |        |   |      |         |       |  |
| Application Endorsed Forward completed application to the State Branch Secretary   |  |          |        |        |         |       |        |   |      |         |       |  |
| Application not Supported Return application to requesting Club/OC with explanation  |  |          |        |        |         |       |        |   |      |         |       |  |
| Comments:  |  |          |        |        |         |       |        |   |      |         |       |  |
| Signature:   |  |          |        |        |         |       |        |   |      |         |       |  |
| Date Copy to State Secretary:  |  |          |        |        |         |       |        |   |      |         |       |  |
| Date Endors  | ed App   | olicatio | n sent | to Fed | leral : | Secre | etary: |   |      |         |       |  |
|  |  |          | Fede   | ral Co | ıncil   | Deen  | ns the | M | embe | ershin: |       |  |
| Federal S  | Federal Secretary  Federal Council Deems the Membership:  Approved Date: |          |        |        |         |       |        |   |      |         |       |  |