



**2017-18 NISA AFFILIATED CLUBS APPLICATION FORM**

**1<sup>ST</sup> OCTOBER 2017 – 30<sup>TH</sup> SEPTEMBER 2018**

Please complete all sections.

**Club Details**

Club Name: \_\_\_\_\_

Club Rink\*: \_\_\_\_\_

Skating Disciplines: \_\_\_\_\_

Name of Main Contact: \_\_\_\_\_

Club Email Address: \_\_\_\_\_

Club Website: \_\_\_\_\_

*(\*for Long-Track Speed Skating the club rink is De Uithof in The Hague)*

**NISA Website Listing**

Please confirm if you are happy for your club name, address and committee members' names to be listed on the Affiliated Clubs Section of the NISA Website. Yes  No

**Committee Members**

***Chair Person***

Name: \_\_\_\_\_

Address \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

***Secretary***

Name: \_\_\_\_\_

Address \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

**Treasurer**

Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

**Competition Secretary**

Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

**Child Protection Officer**

Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Relevant  
Qualification(s) \_\_\_\_\_

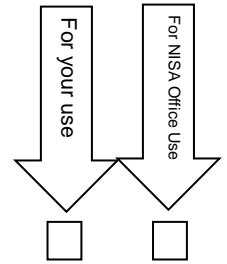
*(this field is compulsory. You may be required to provide documentation of this)*

**Other Committee Members: -**

\_\_\_\_\_

# DOCUMENT CHECKLIST

Please ensure you enclose the following documents when returning this form:



Affiliation Fee (BACS or cheque made payable to NISA) **£210.00**

(Please note this includes Public Liability Insurance.  
If your Club arranges alternate insurance, please put this in writing to NISA.  
You may subsequently be entitled to a rebate, credit or discount)

## ADDITIONAL

Extra Skating Discipline **£30.00** per discipline

Non-NISA member club members **£1.00** for each non-NISA member within the club

Copy of up-to-date Public Liability Insurance Certificate  
(*only applicable if you have insurance via a third party separate from NISA*)

Copy of the club's constitution (if this has changed since you last sent this to us)

Declaration that, to the best of your knowledge, as at 30<sup>th</sup> September  
2017 the club committee is not aware of any outstanding insurance claims  
or incidents that could give rise to a claim.

If you are aware of any incidents or claims, please provide details.

(This does not apply to any club that arranges its own insurance and does not benefit from the cover arranged by NISA)

Name \_\_\_\_\_ Date \_\_\_\_\_ Sign \_\_\_\_\_

Please return a scanned copy of this form  
to: [testmembership@iceskating.org.uk](mailto:testmembership@iceskating.org.uk)

And a hard copy to:

FREEPOST RRYX-LYKR-KRGS  
National Ice Skating Association (UK) Ltd  
Grains Building  
High Cross Street  
Hockley  
Nottingham  
NG1 3AX

## **BANK TRANSFER**

PLEASE ENSURE YOU QUOTE YOUR  
CLUB NAME & THE WORD  
'AFFILIATION' IN THE REFERENCE  
WHEN SENDING FUNDS VIA THIS  
METHOD

SORT CODE 12-24-81  
ACCOUNT NUMBER 00690501  
ACCOUNT NAME NATIONAL ICE  
SKATING ASSOCIATION (UK) LTD

*Please note, the account name can be  
abbreviated to NISA if needed*