



Address: P.O. Box 5733
HUGHES ACT 2605
ABN: 65 077 657 268
Mobile: 0409 993 265
Website: www.ntra.com.au
Email: trish@ntra.com.au

Affiliation/Renewal Form

Name of Affiliate: _____

Address: _____

Venue Address: _____

Contact Person: _____

Telephone Number: _____

Facsimile Number: _____

Season: SUMMER/WINTER

Commencement Date: _____

Number of Teams: _____

Affiliation Cost \$ 45.00 per team + GST

Total Payment: _____

The above affiliate agrees to meet the conditions of affiliation with National Touch Rugby Association Limited as outlined in the constitution.

All affiliates must pay their insurances direct to their insurance company. NTRA has alliance with OAMPS Insurance., they will confirm your affiliation with us prior to Insurance being available.

Please forward form to above address along with payment for renewal or affiliation.