



Application for Membership

Contact Information:

Name: _____

Preferred Name: _____

Address: _____

Postal Address: _____

Date of Birth: ___/___/___ Occupation: _____

Home :(___) _____ Business :(___) _____

Fax :(___) _____ Mobile: _____

Email: _____

Pre-existing or Existing medical conditions: Yes No (please circle)

If yes please list: _____

The accurate completion of this disclosure section is crucial. Failure to disclose accurate or misleading information may preclude the payment of compensation in the event of injury or death.

I, _____ (name) agree for the Southern Umpires Association to make all necessary enquiries concerning my application and suitability to become a Member.

Signed: _____ Date: ___/___/___

Parent/Guardian Consent – Applicant under 18 years old

I, _____ am the parent/guardian of the above-named who is under 18 years old. I have read this document and understand its contents.

Signed: _____ Date: ___/___/___

Emergency Contact Information:

Contact Name: _____ Relationship: _____

Contact Numbers: _____

Do you have ambulance cover: Yes No (please circle)

Is there any further information that could assist us in an emergency:

Bank Account Information:

Account Name: _____

Bank & Branch: _____

BSB Number: _____ - _____ Account Number: _____

Working with Children:

All umpires over the age of 18 or who are turning 18 this football season are required by law to hold a Working with Children Check card. You are required to attach a copy of your application receipt before you can be appointed to umpire matches. Applications forms are available from Australia Post or the SUA.

Card Number: _____ Expiry: ___/___/___

Umpiring Information:

Umpire Type: SENIOR FIELD JUNIOR FIELD BOUNDARY GOAL (please circle)

How you would like to receive umpiring appointments: SMS – Email

Previous umpiring experience: Yes No (please circle)

If yes please list: _____

Current Umpiring Accreditation: Yes No (please circle)

If YES, Level: _____ Year Completed: _____ Umpire: ___F___B___G

Would you like participate in the AFL Umpiring Green Shirt Program: Yes No

If YES, Please circle what size uniform you require:

Extra Small Small Medium Large Extra Large

Umpire Match Day Availability:

Matches Played: Friday Night’s - Saturday’s - Sunday’s - Weekdays

Additional Information: _____

Please list above any further information that will assist with your umpiring appointment:
example – I can only umpire before 2pm.

To assist with umpiring appointments do you need to umpire with an existing SUA umpire for transportation to matches: Yes No (please circle)

If Yes who: _____

Are you able to assist with transportation of umpires to matches: Yes No (please circle)

General Information:

Are you, or your immediate family, involved with any football clubs or other Umpiring Bodies.

If yes, what club(s): _____

How did you hear about/come to join the SUA: _____

If a friend introduced you please provide their name: _____

Office Use Only:

Approved by: _____ Process by: _____ Date Process: ___/___/___

Contract Sent by: Post / Fax / Email / In Person Date Sent: ___/___/___