

**REAFFILIATION GRANT**

**GRANT CONDITIONS**

* **Only clubs that have been disaffiliated from Squash New Zealand for more than three years are eligible.**
* **The grant will be a reimbursement of half (50%) the costs of the Squash New Zealand affiliation levy (based on the Senior Equivalent Membership calculation from the club’s previous financial year).**
* **The grant is dependent on the club’s regional District organisation also offering a grant of at least 50% reimbursement.**
* **The grant is conditional on the club continuing to affiliate with Squash New Zealand for at least a further two years. Failure to do so will result in Squash New Zealand invoicing the club for the full amount of the grant.**

**AN EXAMPLE**

|  |  |  |
| --- | --- | --- |
| **SEM Declaration** |  | **Grading Levy** |
|  |  |  |
| **Club squash income** | **$10,000.00** |  | **Senior graded players** | **25** |
| **Senior subscription** | **$250.00** |  | **Junior graded players** | **5** |
| **SEM number** | **40** |  | **Leisure players** | **20** |

**Squash New Zealand levy is made up as follows:**

|  |  |  |
| --- | --- | --- |
| **SEM affiliation levy** | **40 x $25.20 =** | **$1008.00** |
| **Senior grading list levy** | **25 x $12.00 =** | **$300.00** |
| **Junior grading list levy** | **5 x $5.00 =** | **$25.00** |
| **TOTAL** | **=** | **$1333.00 + GST** |
| **REBATE** | **=** | **$666.50 + GST** |

**Please complete the following details and get your regional District Association to sign off, along with a copy of the current Squash New Zealand SEM Declaration form.**

**REAFFILIATION GRANT APPLICATION FORM**

APPLICATION DATE Click here to enter a date.

CLUB CONTACT DETAILS

|  |  |
| --- | --- |
| **Name of club** | Click here to enter text. |
| **Street Address** | Click here to enter text. |
| **Postal Address** | Click here to enter text. |
| **Phone Number** | Click here to enter text. |
| **Email Address** | Click here to enter text. |
| **Website** | Click here to enter text. |
| **Number of courts** | Click here to enter text. |
| **Number of glass-backs** | Click here to enter text. |

CLUB MEMBERSHIP DETAILS

*Please enter numbers only. Juniors are considered 18 years and under*

|  |  |
| --- | --- |
| **Total Members** | Click here to enter text. |
| **Senior Males** | Click here to enter text. |
| **Junior Males** | Click here to enter text. |
| **Senior Females** | Click here to enter text. |
| **Junior Females** | Click here to enter text. |

COMMITTEE CONTACT DETAILS

*Please provide the contact details of the Club President, Secretary, Treasurer, Statistician and at least one other contact*

Club President

|  |  |
| --- | --- |
| **Name** | Click here to enter text. |
| **Phone Number** | Click here to enter text. |
| **Email Address** | Click here to enter text. |
| **Date of Birth** | Click here to enter text. |

Club Secretary

|  |  |
| --- | --- |
| **Name** | Click here to enter text. |
| **Phone Number** | Click here to enter text. |
| **Email Address** | Click here to enter text. |
| **Date of Birth** | Click here to enter text. |

Club Treasurer

|  |  |
| --- | --- |
| **Name** | Click here to enter text. |
| **Phone Number** | Click here to enter text. |
| **Email Address** | Click here to enter text. |
| **Date of Birth** | Click here to enter text. |

Club Statistician

|  |  |
| --- | --- |
| **Name** | Click here to enter text. |
| **Phone Number** | Click here to enter text. |
| **Email Address** | Click here to enter text. |
| **Date of Birth** | Click here to enter text. |

Other Contact

|  |  |
| --- | --- |
| **Name** | Click here to enter text. |
| **Role** | Click here to enter text. |
| **Phone Number** | Click here to enter text. |
| **Email Address** | Click here to enter text. |
| **Date of Birth:** | Click here to enter text. |

**DISTRICT** CONFIRMATION

**Choose an item.** confirms that the above information is true and accurate and supports this club’s reaffiliation grant request. The District will also be offering a reaffiliation grant of Click here to enter text.%.

|  |  |
| --- | --- |
| **Name** | Click here to enter text. |
| **Role** | Click here to enter text. |