

Dear Referee,

This form must accompany relevant forms relating to your refereeing registration.

Please tick a box which you would like to register;

Volleyball

District Referee	First time <input type="checkbox"/>	Reaccreditation <input type="checkbox"/>	\$22
Regional Referee	First time <input type="checkbox"/>	Reaccreditation <input type="checkbox"/>	\$22
State Referee	First time <input type="checkbox"/>	Reaccreditation <input type="checkbox"/>	\$22
National A Referee	First time <input type="checkbox"/>	Reaccreditation <input type="checkbox"/>	\$30
National AA Referee	First time <input type="checkbox"/>	Reaccreditation <input type="checkbox"/>	\$30
National AAA Referee	First time <input type="checkbox"/>	Reaccreditation <input type="checkbox"/>	\$30

Beach Volleyball

State A	First time <input type="checkbox"/>	Reaccreditation <input type="checkbox"/>	\$22
State AA	First time <input type="checkbox"/>	Reaccreditation <input type="checkbox"/>	\$22
State AAA	First time <input type="checkbox"/>	Reaccreditation <input type="checkbox"/>	\$22
National A Referee	First time <input type="checkbox"/>	Reaccreditation <input type="checkbox"/>	\$30
National AA Referee	First time <input type="checkbox"/>	Reaccreditation <input type="checkbox"/>	\$30
National AAA Referee	First time <input type="checkbox"/>	Reaccreditation <input type="checkbox"/>	\$30

Recognition of Prior Learning

RPL Level 1	Volleyball <input type="checkbox"/>	Beach Volleyball <input type="checkbox"/>	\$50
RPL Level 2	Volleyball <input type="checkbox"/>	Beach Volleyball <input type="checkbox"/>	\$50

AVRC Membership

1 year	<input type="checkbox"/>	\$30
--------	--------------------------	------

This form must be accompanied by the following forms:

- Signed Code of Ethics
- Relevant Refereeing verification forms
- Practical log sheet

Forms can be found at <http://www.avf.org.au/index.php?id=67>

Note: all forms must be submitted to relevant member state.

Your Details:

Name: _____ NOAS ID Number: _____

Address: _____

State: _____ Postcode: _____ Gender: _____

Date of Birth: _____ Telephone: _____

Email: _____@_____

Are you of Aboriginal/Torres Strait Islander Descent: Is English your first language?

Address When Last registered (if different from above)

Previous name (if last registered under different name) _____

Would you like to receive (Please tick)

- Electronic certificate Paper certificate (additional printing cost \$5)

Payment Options: (available to Tasmania and NT referees) can be made by cheque, electronic funds transfer or credit card.

Payment of \$ _____ Specify Selected Payment method:

Cheque (made payable to "Australian Volleyball Federation" and submitted with this form)

Electronic Funds Transfer (pay to AVF – CBA - BSB: **062 904**, Account No: **1020 3263**)

Identify details of payment (as will appear in AVF account): _____

Credit Card Registration Fee: \$ _____ (Includes processing fee of \$1.50)

Type of card: MasterCard Visa AMEX

Card number: _____ / _____ / _____ / _____ Expiry Date: ____ / ____

Name: (As it appears on card) _____

Signature: _____



Australian Volleyball Federation

Affiliations



Australian Olympic Committee

FIVB Distribution Office Asia and Oceania

Postal Address

PO Box 3323
Belconnen ACT 2617
AUSTRALIA

Phone

+61 2 6247 6633

Fax

+61 2 6247 6722

E-Mail

info@avf.org.au

Web Site

www.avf.org.au

ABN

46 487 409 518

PRINCIPAL PARTNER



Australian Government
Australian Sports Commission



AUSTRALIAN INSTITUTE OF SPORT