

## NOTIFICATION OF DUAL REGISTRATION

Applicant: (Please use BLOCK letters)

<b>Surname :</b>	<b>First Name :</b>
<b>Signature :</b>	<b>Date :</b>

<b>Primary Association:</b>	<b>Officials Name:</b>
<b>Position Held:</b>	<b>Signature:</b>
<b>Primary Club Name:</b>	<b>Officials Name:</b>
<b>Position Held:</b>	<b>Signature:</b>

<b>Secondary Association:</b>	<b>Officials Name:</b>
<b>Position Held:</b>	<b>Signature:</b>
<b>Secondary Club Name:</b>	<b>Officials Name:</b>
<b>Position Held:</b>	<b>Signature:</b>

The applicant aforementioned wishes to formally apply for dual registration with the above Associations.

The applicant agrees that the Primary Association has the right of first refusal for selection in any Representative Teams, and subject to any agreement to the contrary (such agreement must be annexed hereto), agrees that his/her first priority will be with the Primary Association.

### **Office Use Only**

Approved	QC (Signature)	Advised Primary
Not Approved		Advised Secondary