

2025 Hockey Victoria Affiliation

Please check over all information below before proceeding.

Below you will find the 2025 Hockey Victoria Affiliation Form. Before proceeding, please be aware of the below information.

The information listed and linked below links to Part 5: Affiliate Declaration for when your elected office bearer completing this form is required to agree and comply with all Hockey Victoria policies.

Please click through and read the below. As an elected office bearer representative and on behalf of the affiliate, please confirm that you understand and agree to comply with all Hockey Victoria policies in part 4 of this form.

Information for Part 5: Affiliate Declaration

1. [Hockey Australia National Database Policy](#)
2. [Hockey Australia Member Protection Policy](#)
3. [Hockey Australia Code of Behaviour](#)
4. [Hockey Victoria Constitution](#)
5. Hockey Victoria Rules, Regulations & By Laws (where appropriate)
6. [Hockey Victoria Policies that may be adopted by the HV Board](#)
7. Registration of all participants via revolutioniseSPORT
8. Ensuring that only approved personnel have access to the member's data
9. Provide accurate team number data, where requested
10. [Hockey Victoria League Entry Criteria \(LEC\) \(where appropriate\)](#)

If you have any questions prior to completing this form, please contact admin@hockeyvictoria.org.au.

Contact email address

Part 1: Affiliate Details

1. (Required) Affiliate (Club/Association) Name?

The name you would like to be referred to by HV:

2. (Required) Affiliate (Club/Association) Registered/Trading Name?

If different from the name above:

3. (Required) Is your Club/Association incorporated? (Please tick ONE option)

Yes

No

4. (Required) Does your Club/Association have their own constitution? (Please tick ONE option)

Yes

No

5. If yes, please upload constitution.

If the file is too large, please email a copy of the constitution to admin@hockeyvictoria.org.au

6. (Required) Public Email:

7. (Required) Affiliate Bank Details

Please enter BSB & Acc No.

8. (Required) Website:

9. (Required) Postal Address - Street Address

10. (Required) Postal Address - City

11. (Required) Postal Address - State (Please tick ONE option)

Australian Capital Territory

New South Wales

Northern Territory

Queensland

South Australia

Tasmania

Victoria

Western Australia

12. (Required) Postal Address - Postcode

13. (Required) Month of Annual General Meeting (AGM) (Please tick ONE option)

January

February

March

April

May

June

July

August

September

October

November

December

14. (Required) What is the current gender split on your Committee Board (No. Males/Females/Non-Binary)?

15. (Required) Which of the following products / competitions does your Affiliate plan to offer in 2024? (Tick all that apply)

Hookin2Hockey

Junior Intra – Club

Juniors – Girls

Juniors – Boys

Senior – Womens

Seniors – Mens

Masters – Womens

Masters – Mens

Open Age – Mens

Open Age – Womens

16. (Required) How many playing members do you expect to have in 2024? (approximate)

Part 2: Executive Committee Contact Details

17. (Required) President - Full Name

Please enter the full name of your President.

18. (Required) President - Phone Number

19. (Required) President - Email

20. (Required) Secretary - Full Name

Please enter the full name of your Secretary.

21. (Required) Secretary - Phone Number

22. (Required) Secretary - Email

23. (Required) Treasurer - Full Name

Please enter the full name of your Treasurer.

24. (Required) Treasurer - Phone Number

25. (Required) Treasurer - Email

26. (Required) Hock-e-Comms Contact - Full Name

Please enter the full name of your Hock-e-Comms contact.

27. (Required) Hock-e-Comms Contact - Email

Part 3: 2024 Hockey Victoria Delegate

Section

28. (Required) HV Delegate - Full Name

Please enter the full name of your HV Delegate.

29. (Required) HV Delegate - Phone Number

30. (Required) HV Delegate - Email

PART 4: Section Coordinator Details

31. Men's Section Coordinator

Please enter Name, Email Address & Phone No.

32. Women's Section Coordinator

Please enter Name, Email Address & Phone No.

33. Junior Section Coordinator

Please enter Name, Email Address & Phone No.

34. Umpiring Coordinator

Please enter Name, Email Address & Phone No.

35. Coaching Coordinator

Please enter Name, Email Address & Phone No.

36. Indoor Coordinator

Please enter Name, Email Address & Phone No.

PART 5: Affiliate Declaration

Section

37. (Required) Hockey Victoria Affiliation Declaration

By affiliating with Hockey Victoria, our Affiliate agree to comply with the declarations outlined above.

38. (Required) Affiliate Declaration - Full Name

Please enter the full name of your Club/Association admin who confirms their affiliate declaration of the above form.

39. (Required) Date:

____/____/____

40. (Required) Position:

Please enter the position of the Club/Association admin who is filing out this form.

Section
