

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 Behaviour
 - Relevant Refereeing verification forms
 - Practical log sheet
- Forms can be found at <http://www.avf.org.au/index.php?id=67>

Note: all forms can be submitted electronically to john.cheadle@avf.org.au

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: 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

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Australian Government
Australian Sports Commission



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