Newington College
FOOTBALL ASSOCIATION

Membership Application Form

The Newington College Football Association (NCFA) works to promote the welfare of the great game of football at Newington, the personal development and enjoyment of all the boys and the fellowship of all its members.

The NCFA supports the College in any way possible to ensure that the boys are provided with the highest calibre coaching and equipment. The NCFA makes generous donations each year to support football at Newington. This is only possible due to the hard work of many and the generosity of all who attend NCFA events. Fundraising is mainly through NCFA Big Day out in May, BBQ on home games days, Football dinner and through memberships.

Meetings are held on the 3rd Monday of the Month

So please get involved in any small way you can and show your support. Everyone is always welcome.
Family membership is only $120 per family, so please consider becoming an NCFA Member today by completing this form.

Post or fax to:
Newington College Football Association
Newington College
200 Stanmore Road
Stanmore NSW 2048
Fax to 95690133 (credit card payments only)

Payment can also be made by direct credit to BSB: 032 167 Account No: 117733. Please ensure you put your family name in the detail field so we can identify your payment on our accounts and attach a receipt to your membership application.

NEWINGTON COLLEGE FOOTBALL ASSOCIATION MEMBERSHIP APPLICATION

Father's Name ..... Mother's Name .....

Boy's name: ..... Team ..... Academic Year .....

Boy's name: ..... Team ..... Academic Year .....

Boy's name: ..... Team ..... Academic Year .....

Address ..... Postcode .....

Phone: Home ..... Work ..... Mobile .....

Email (please print) .....

We would like to help out with the following assistance/skills: .....

.....

I give permission for my email to be used to send information regarding Football events and information ☐ (please tick)

Payment by cheque: Please find enclosed cheque for $120 payable to Newington College Football Association

Payment by Credit card:

Cardholder name.....

Please charge $..... to my VISA MASTERCARD (please circle)

Please print carefully

																EXP DATE		

Signed ..... date .....

Received ...../...../.....