



Form 4

FOOTBALL FEDERATION NT MEMBERSHIP APPLICATION-ZONE MEMBER

Zone (tick)

Southern

Central

Northern

Elected/Appointed Position (tick)

Zone Chair

Zone Vice Chair

Additional Zone Delegate

Name of Applicant

.....

Residential Address in Zone

.....

Email Address.....

I agree

- (a) To apply for membership of the Football Federation NT (FFNT)
- (b) That once admitted as a member of FFNT they will maintain that membership until their membership ceases under the FFNT Constitution and FFNT By Laws.
- (c) Pursuant to rule 4.10 of the FFNT Constitution to be bound by
 - i. the FFNT Constitution, the FFNT By Laws, The Statutes and Regulations of FIFA, Asian Football Confederation and FFA in force from time to time, and
 - ii. the Grievance Procedure and the dispute resolution process set out in rule 11.2 both whilst as a Member and after ceasing to be a Member (in respect of disputes relating to a matter arising while they were a Member)

Signature of Applicant: Date: / /

ELECTORAL RETURNING OFFICER ELECTION CONFIRMATION

The Electoral Returning Officer (ERO) confirms the Applicant was invited to be a Member of FFNT by a delegate of the Directors of FFNT and they accepted the invitation.

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/ /

Signature of ERO

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Name of ERO

Date of Commencement of Membership: / /