

## Sponsorship/Community Support Request Form

Date: ..... Name of Group:..... Amount .....

Address: .....

Contact Name: .....Phone:.....

Email Address: .....Website.....

Event Name: .....Date:.....

Location: .....

Description of Group: .....

Association with Macquarie Credit Union .....

Event or Activity Description: .....

.....

.....

Purpose and Goal of Event or Activity: .....

.....

**Sponsorship Category:**

Sport & Leisure	Environment	Education	Arts & Cultural	Medical	Charity & Welfare
Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

How does the Event/Activity link to Macquarie Credit Union: .....

.....

.....

.....

What benefit to the Community will this activity provide: .....

.....

.....

.....

Who will directly benefit from the event/activity and how will the funds be used: .....

.....

.....

Communication plan (how will Macquarie Credit Union's support be recognised): .....

.....

**How will success be measured:**.....  
.....

**Is Macquarie Credit Union the sole sponsor? (if not give details)**.....  
.....

**Does your organisation have an active ABN:** .....

**Application Form Conditions**

1. Macquarie Credit Union has sole discretion over approval and acceptance of the application and how any funds will be applied
2. Macquarie Credit Union has sole discretion over the use of its logo and name at all times.
3. Macquarie Credit Union is under no obligation to give reason for non-acceptance of an application for assistance.
4. The Applicant warrants that by signing this application, that a genuine benefit (as described on the application) exists and that any assistance provided will be used solely to address that benefit only.
5. The Applicant warrants that no other funding has been sought or received for the same purpose or outcome other than as noted on the application.
6. The applicant agrees to provide Macquarie Credit Union all relevant information that may be needed to assess the application.
7. The applicant agrees to provide Macquarie Credit Union all relevant receipts and documentation to support and verify an audit trail as required.
8. The application form is completed in full without omission to the best of the applicant's knowledge and tendered to Macquarie Credit Union in good faith.

**The Applicant:**

I, the applicant, (name) .....

of (address) .....

acting on behalf of (organisation) .....

of (address) .....

have read and accept the conditions of application.

**Signature:** .....

**Print Name:** .....

**DATE:**        /        /