
Hobsons Bay Community Financial Services Limited
T/A
**Laverton & Altona Meadows Community Bank[®] and Altona Community
Bank[®]
and Point Cook Community Bank[®]**

ABN 39 091 661 166

SPONSORSHIP APPLICATION

(90 days notice maybe required)

NAME OF YOUR ORGANISATION OR GROUP: _____

Please complete this application and return to one of our Community Bank branches located at:

- Altona – 64 Pier Street, Altona
- Laverton / Altona Meadows – 3/28 Aviation Road, Laverton
- Point Cook – Shop 24, Sanctuary Lakes Shopping Centre, Point Cook Road, Point Cook

1. Does your organization have any existing accounts with the above branches?

Yes / No

2. Does your organization have any sponsorship / arrangements with any other Bank (including Bendigo)?

Yes / No

If Yes please give details:

3. Description of Organisation (Briefly tell us about your organisation)

4. Please supply details of how this sponsorship will be used and how it will benefit your club and the community.

5. If your application is successful how will you promote the Community Bank within your organisation. (Please tick boxes)

- Permission for HBCFS to use photographs of your presentation / event for marketing purposes if required
- Permission for a HBCFS representative to attend function /event if appropriate
- Permission for HBCFS to use your club / groups name in conjunction with our advertising
- Permission for HBCFS to add your club / groups name to our successful sponsorship recipients list
- Permission for HBCFS to display an advertisement board approximately 600 x 600mm in size.

Other: _____

6. Amount Requested: \$ _____

7. Required By: _____ / _____ / _____

8. Special Conditions for Applying for Sponsorship:

- 90 Days notice is required for all Sponsorship Requests
- All requests must be approved by the Hobsons Bay Community Financial Services Board
- All outcomes of the requests for sponsorships will be notified in writing
- All applicants must be an appropriately incorporated body.

Proof of evidence of how money was spent may be required.

Name of Organisation: _____

Address: _____

Contact Details (Name): _____

(Number): _____

(email): _____

(Date): _____

Signature _____

Signature _____

Name _____

Name _____

Position _____

Position _____

BANK USE ONLY

Date Received: _____

Branch Received at: _____

Manager Recommendations: _____

Board Decision: _____

Date Applicant Advised: _____

Outcome of Sponsorship: _____

Payment (BSB & Account #): _____