DANCESPORT AUSTRALIA LIMITED

STATE COMMITTEE MEMBER

CONSENT TO ACT AND CODE OF CONDUCT ACKNOWLEDGEMENT

Provided under Clause 6.2(iv) of the State Committee Charter

1. Personal and Position Details

Full name	
DSA Member No. (CID)	
State	
Date elected or appointed	
Term (1 or 2 years, unless casual vacancy)	

Position (tick one):

☐ Member

☐ Chair

☐ Executive Officer

☐ Treasurer

2. Eligibility Declaration

I confirm that, as at the date of this declaration:

☐ I am a financial member or a life member of DSA.

☐ I have not been expelled or suspended from membership of DSA.

☐ I am not in breach of any DSA by-laws, policies or codes of conduct.

☐ I have not been prohibited from acting as a director of a corporation under the Corporations Act 2001 (Cth).

3. Consent to Act and Acknowledgement

I consent to act as a State Committee Member (or Officer, as applicable) for the State noted above, and I confirm that I have read, understood, and agree to be bound by:

☐ The DSA Constitution;

☐ The State Committee Charter;

☐ All applicable DSA Policies, including the State Financial Management Policy;

☐ The Board Code of Conduct; and

☐ Any applicable by-laws of DSA.

4. Undertakings

I further undertake that I will:

☐ Act in good faith and in the best interests of DSA and my State at all times;

☐ Not act independently of, or in conflict with, any National Board decision, direction or policy;

☐ Not make claims or decisions on behalf of DSA without express authorisation from the Board; and

☐ Comply with all lawful directions of the National Board.

I understand that a substantial breach of the Constitution, the State Committee Charter, DSA by-laws, DSA Policies or the Board Code of Conduct may result in my removal from office under Clause 11 of the State Committee Charter.

5. Declaration of Interests

Do you have any actual, potential or perceived conflicts of interest relevant to your position on the State Committee (e.g. commercial interests in DanceSport, close personal relationships with other Committee Members or DSA staff, or other roles within DanceSport)?

☐ No

☐ Yes — details:

I undertake to notify the State Executive Officer promptly if my circumstances change and a new conflict of interest arises during my term.

6. Signature

Signature	
Print name	
Date	

Office use only: This form must be provided to the DSA General Secretary and retained on the Member's file for the duration of their term.