



SWIMMING WA

MEMBERSHIP FORM



CLUB: _____ SEASON: 20____ / 200____

Renewal New Member Upgrade Transfer (Previous Club _____)

PERSONAL INFORMATION (*compulsory information)

Registration Number _____	Last Name* _____
First Name* _____	Middle Name or Initial _____
Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth* ____ / ____ / ____ dd/mm/yyyy
Australian Citizen* <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Birth Certificate sighted</u> <input type="checkbox"/> YES <input type="checkbox"/> NO

CONTACT INFORMATION (the privacy information and declaration overleaf must be signed)

Address* _____
Suburb* _____ State* _____ Postcode* _____
Telephone: (Please tick preferred number; at least 1 number must be provided)
<input type="checkbox"/> Home (____) _____ <input type="checkbox"/> Work (____) _____
<input type="checkbox"/> Mobile _____
Email Address _____

EMERGENCY CONTACT INFORMATION

Last Name* _____	First Name* _____	Relationship* _____
Telephone: Home (____) _____	Work (____) _____	
Mobile _____	*at least 1 number must be provided	

Please continue on next page



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MEMBERSHIP FORM (cont'd)



MEMBERSHIP DETAILS (only 1 must be selected)

- | | | |
|---|---|--|
| <input type="checkbox"/> Competitor (7 years & Over)
Competitor – is a competitive swimmer | <input type="checkbox"/> Non-Swimmer / Volunteer
Non-Swimmer / Volunteer - is usually a parent, official or anyone who does not swim | <input type="checkbox"/> Recreational
Recreational - swims in their club pool only and does not compete |
|---|---|--|

OTHER INFORMATION (more than 1 may be selected)

- | | | | |
|--|---|--|-----------------------------------|
| <input type="checkbox"/> Coach - ASCTA No. _____ | <input type="checkbox"/> Administrator | <input type="checkbox"/> Learn-to-Swim | <input type="checkbox"/> Official |
| <input type="checkbox"/> Asthmatic | <input type="checkbox"/> Australian Citizen | <input type="checkbox"/> Indigenous Member | |
| <input type="checkbox"/> Swimmer with a Disability | SWD Classification (if applicable) _____ | | |

DECLARATION

1. I agree to abide by the rules, regulations and policies of Swimming WA, Swimming Australia, the relevant Regional Swimming Association and the relevant club, including Swimming Australia's Anti-Doping, Member Protection, Behaviour Guidelines and Privacy Policies (these are available at www.swimming.org.au).
2. I authorise Swimming WA to use and disclose, to related and relevant bodies any of my personal information that may be necessary to implement the rules, regulations and policies in 1 above. I agree to have my name, results and any photograph taken during events conducted by Swimming WA, unless I or any guardian indicate otherwise, published in official programs, newsletters and websites and other media.

Signature (Member): _____ Date: ____ / ____ / ____

If Under 18 Name of Parent/Guardian: _____

Signature (Parent/Guardian): _____ Date: ____ / ____ / ____

Submission of this form and payment is only provisional acceptance of membership as per policies 9.35 -9.37.

Please note: Swimming WA collects membership information in accordance with the Swimming Australia Privacy Policy.

Information on this and other policies is available at www.wa.swimming.org.au



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MEMBERSHIP FORM (cont'd)



Payment Details

I _____ make payment for membership in the 20__/20__ competitive Swimming Year.

MasterCard / Visa Card/ Bank Card (please circle)

Card No:

Expiry Date: ____/____

Amount: AUD\$ _____

Name on Card: _____

Signature: _____

Date: ____/____/____