

MEMBERSHIP FORM

CLUB: _____ SEASON: _____ / _____

Renewal New Member Upgrade Transfer (Previous Club _____)

PERSONAL INFORMATION (*compulsory information)

ID 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	

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 _____
I would like to receive: <input type="checkbox"/> Swimming NSW e-newsletters <input type="checkbox"/> Swimming Australia e-newsletters

EMERGENCY CONTACT INFORMATION

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

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MEMBERSHIP FORM (cont'd)

MEMBERSHIP DETAILS (only 1 must be selected)

Swimmer Non-Swimmer Life Member

Note: A swimmer is defined as someone who competes at club, area, state or national level.

A non-swimmer is defined as someone who does not compete at any of these levels.

OTHER INFORMATION (more than 1 may be selected)

Coach ASCTA No. _____ Official Administrator Learn-to-Swim

Asthmatic Non-English Speaking Background Indigenous Member

Swimmer with a Disability Classification (if applicable) _____

DECLARATION

1. I agree to abide by the rules, regulations and policies of Swimming NSW, Swimming Australia, the relevant Area Swimming Association and the relevant club, including Australian Swimming's Anti-Doping, Member Welfare, Child Welfare and Privacy Policies (these are available at www.swimming.org.au).

2. I authorise Swimming NSW 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, photograph and results published in official programs, newsletters and websites.

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

If Under 18 Name of Parent/Guardian: _____

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

Other Information Required by Club:
