



SWAN HILLS SWIMMING CLUB INC

PO BOX 1691 MIDLAND WA 6056

2015-2016 MEMBERSHIP APPLICATION FORM

1st October 2015 – 30th September 2016

PERSONAL INFORMATION (*compulsory information)

Last Name* _____ First Name* _____
 Middle Name _____
 Gender* Male Female Date of Birth* ____ / ____ / ____
Day Month Year
 Australian Citizen* Yes No (swimmers only)

CONTACT INFORMATION (privacy information and declaration must be signed)

Address* _____
 Suburb* _____ State* _____ Post Code* _____
 Telephone (please tick preferred number, at least one phone number must be provided)
 Home _____ Work _____
 Mobile 1 _____ Mobile 2 _____
 Email Address _____

RECREATIONAL SWIMMER – Annual Membership \$40.00

Can participate at Club Night Time Trials from ages 5 years & over. Participate in Club Championships event at Swan Park Aquatic Centre (home pool).

EMERGENCY CONTACT INFORMATION

Last Name* _____ First Name* _____ Relationship* _____
 Telephone* Home _____ Work _____ Mobile _____
 Last Name* _____ First Name* _____ Relationship* _____
 Telephone* Home _____ Work _____ Mobile _____

DECLARATION

- I agree to abide by the rules, regulations and policies of Swan Hills Swimming Club.
- I agree to have my name, photograph and results published in official programs, newsletters, Swan Hills Swim Club website.

Signature of Member: _____ Date ____ / ____ / ____

Name of Parent/Guardian if under 18yrs: _____

Signature of Parent/Guardian _____ Date ____ / ____ / ____

Membership Registrar Use: Amount Paid \$ _____ SWH Rct # _____
 Date received ____ / ____ / 20____ Cash Cheque
 New Member's: Birth Certificate / Passport sighted