



Melville Swimming Club Membership form



SEASON: 2008 / 2009

Renewal New Member Upgrade Transfer (Previous Club _____)

PERSONAL INFORMATION (*compulsory information)

ID Number _____	Last Name* _____
First Name* _____	Middle Name or Initial _____
Gender* <input type="radio"/> Male <input type="radio"/> Female	Date of Birth* ____ / ____ / ____ dd/mm/yyyy
Australian Citizen* <input type="radio"/> Yes <input type="radio"/> No	

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

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

Email Address _____

I would like to receive: WA Swimming e-newsletters
 Australian Swimming e-newsletters

EMERGENCY CONTACT INFORMATION

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

MEMBERSHIP DETAILS (only 1 must be selected)

<input type="radio"/> Competitor <input type="radio"/> Non-Competitor <input type="radio"/> Recreational
COMPETITOR – is a competitive swimmer
Non-competitor - is usually a parent, official or anyone who does not swim
Recreational - swims in their club pool only and does not compete

Please continue on next page

Please note: WA Swimming collects membership information in accordance with the Australian Swimming Privacy Policy. Information on this and other policies is available at www.wa.swimming.org.au

MELVILLE SWIMMING CLUB INC MEMBERSHIP FORM [cont'd]

OTHER INFORMATION

<input type="radio"/> Coach ASCTA No. _____	<input type="radio"/> Administrator	<input type="radio"/> Learn-to-Swim	<input type="radio"/> Official
<input type="radio"/> Asthmatic	<input type="radio"/> Non-English Speaking Background	<input type="radio"/> Indigenous Member	
<input type="radio"/> Swimmer with a Disability	Classification (if applicable) _____		

Other Information Required by Club:

I will assist with the following:			
<input type="radio"/> Timekeeping	<input type="radio"/> Computer	<input type="radio"/> Starting	<input type="radio"/> Sponsorship
<input type="radio"/> Committee	<input type="radio"/> Referee	<input type="radio"/> Social	<input type="radio"/> Fundraising
<input type="radio"/> Coaching	<input type="radio"/> Other _____		

Type of Membership:		
<input type="radio"/> Annual	<input type="radio"/> Winter	<input type="radio"/> Summer

DECLARATION

1. I agree to abide by the rules, regulations and policies of WA Swimming, Australian Swimming, the relevant Regional Swimming Association and the relevant club, including Australian Swimming's Anti- Doping, Member Protection and Privacy Policies (these are available at www.swimming.org.au).
2. I authorise WA Swimming 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 including melvilleswimming.com.

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

If Under 18 Name of Parent/Guardian: _____

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

Official Use:					
Handicapper	_____	Treasurer	_____	Registrar	_____
				WASA	_____