

MEMBERSHIP FORM

CLUB _____ SEASON: 20 _____ / 20 _____

 Renewal New Member Upgrade Transfer (Previous Club (_____))**PERSONAL INFORMATION (* compulsory information for members)**

Title* Circle Mr, Mrs, Miss, Ms, First Name* _____

Middle Name* _____ Last Name* _____

Address* _____

Suburb* _____ State* _____ Postcode* _____

*At Least One Telephone Contact Number Must Be Entered

Business (_____) Private (_____) Mobile _____

Emergency Contact Person* _____

Emergency Contact Number* _____

Date of Birth* ____ / ____ / ____ (dd/mm/yyyy) Gender* Male FemaleEmail Address: _____ Format: HTML Plain Text**Membership Subscription Type***

Competitive Swimmer: A member who competes against members of other clubs.

1st or 2nd Family Member 3rd Family Member 4th Family Member

Recreational Swimmer: A member who swims within club only, i.e: does not compete against members of other clubs.

1st or 2nd Family Member 3rd Family Member 4th Family Member Non – Swimmer: (All other members e.g. Club Committee members who are not the parents/guardians of a swimming member, etc)Parent Member: (The parent or guardian of a swimming member.)Coach: (This membership is for qualified Coaches who are members of ASCTA.)Technical Official: (To be eligible for this category you need to hold at least one SAL Technical Official qualification.)Life Member Club: Life Member Region: Life Member State: I would like to receive: Swimming Queensland's Q-Swimmer (Free)**National Custom Fields:**

Alternate Email Address: _____

Alternate Address(including Suburb, State & PC) _____

Medical Conditions/ Allergies/ Vaccinations? _____

If a SWD member, what are your classifications: _____

What is your Coach's name? _____

Do you belong to another Swimming Federation: _____

Australian Citizen? Yes NoAsthmatic? Yes NoIndigenous Member? Yes No

DECLARATION 1

Title: **Conditions of being a Member of Swimming Queensland, Affiliated Regions and Affiliated Clubs**

Declaration:

1. I agree to abide by the rules, regulations and policies of Swimming Queensland, Swimming Australia, the relevant Regional Swimming Association and the relevant club, including Swimming Australia's Anti-Doping, Member Welfare and Privacy Policies (these are available at www.swimming.org.au).
2. I authorise Swimming Queensland 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 and results published in official programs, newsletters and websites.
3. I note that the club, as an affiliate of Swimming Queensland, has \$20 million public liability insurance cover.
4. I warrant that all information provided is true and accurate.

Confirmation:

- I have read, understood, acknowledge and agree to the above declaration.

DECLARATION 2

Title: **Parent/Legal Guardian Consent (in respect to an applicant under the age of 18 years)**

Declaration:

1. Where the applicant is under 18 years of age this form must be endorsed by the applicant's parent or legal guardian.
2. I have read, understood, acknowledge and agree to the declarations above and I warrant that all information provided is true and correct.
3. I, as the Parent or Guardian of the applicant, expressly agree to accept responsibility for the applicant's behavior and agree to personally accept the conditions set out in the membership application and declaration.

Confirmation:

- I have read, understood, acknowledge and agree to the above declaration.

Signature (Member) _____ Date ____/____/____

If under 18 Parent / Guardian Signature _____ Date ____/____/____

Payment Details

Cash Cheque Credit Card (details below)

MasterCard / Visa Card/ Bank Card (please circle): I authorize the payment of the above membership

Card No: _____

Expiry Date: ____/____

Amount: AUD\$ _____

Name on Card: _____

Signature: _____

Date: ____/____/____

CLUB USE ONLY:

Receipt/Reference Number: _____

Signature _____

Date _____