



SWIMMING WA

MEMBERSHIP FORM

CLUB: _____ SEASON: 20____ / 20____

☐ 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	

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 WA e-newsletter	
<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		

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



SWIMMING WA

MEMBERSHIP FORM (cont'd)

MEMBERSHIP DETAILS (only 1 must be selected)

☐ Competitor ☐ Non-Swimmer / Volunteer ☐ Recreational

Competitor – is a competitive swimmer

Non-Swimmer / Volunteer – is usually a parent, official or anyone who does not swim

Recreational – swims in their club pool only and does not compete

OTHER INFORMATION (more than 1 may be selected)

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

☐ Asthmatic ☐ Non-English Speaking Background ☐ Indigenous Member

☐ 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 and Privacy Policies (these are available at www.wa.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 photographs 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: ____ / ____ / ____

Other Information Required by Club:

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