

# MEMBERSHIP FORM

CLUB \_\_\_\_\_ SEASON: 20 \_\_\_\_ / 20 \_\_\_\_

 Renewal  New Member  Upgrade  Transfer (Previous Club \_\_\_\_\_)

**PERSONAL INFORMATION ( \* compulsory information for members )**

Registration Number \_\_\_\_\_ Last Name\* \_\_\_\_\_

First Name\* \_\_\_\_\_ Middle Name \_\_\_\_\_

 Gender\*  Male  Female Date of Birth\* \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy) Australian Citizen\*  Yes  No

Address\* \_\_\_\_\_

Suburb\* \_\_\_\_\_ State\* \_\_\_\_\_ Postcode\* \_\_\_\_\_

Telephone: (Please tick preferred number; at least 1 number must be provided)

 Home (\_\_\_\_)  Work (\_\_\_\_)  Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

 I would like to receive:  Swimming Queensland e-newsletters (free)  Swimming Australia e-newsletters (free)

**PARENT OR GUARDIAN CONTACT INFORMATION (at least 1 parent or guardian and 1 emergency contact must be provided)**

Last Name\* \_\_\_\_\_

First Name\* \_\_\_\_\_ DOB\* \_\_\_\_/\_\_\_\_/\_\_\_\_

 Please tick if you do **NOT** wish to receive free parent membership and associated benefits

Emergency contact: \* (\_\_\_\_) \_\_\_\_\_

 E-mail \_\_\_\_\_  Male  Female

 Australian Citizen\*  Yes  No

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

 Please tick if you do **NOT** wish to receive free parent membership and associated benefits

Emergency contact (\_\_\_\_) \_\_\_\_\_

 E-mail \_\_\_\_\_  Male  Female

 Australian Citizen  Yes  No

**MEMBERSHIP DETAILS ( only 1 must be selected )**
 Competitive Swimmer  Recreational Swimmer  Life Member  Non-Swimmer  Parent Member  
 Accredited Technical Official

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

**Recreational Swimmer:** A member who swims within club only ( i.e. cannot compete against members of other clubs)

**Life Member:** Any active life member of the club

**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

**Accredited Technical Official:** All Technical Officials, including Timekeepers accredited by Swimming Queensland

**OTHER INFORMATION (more than 1 may be selected)**
 Coach ASCTA No. \_\_\_\_\_  Official  Administrator  Learn-to-Swim Coach

 Asthmatic  Non-English Speaking Background  Indigenous Member Birth Certificate Sighted\*  Yes  No

 Swimmer with a Disability Classification (if applicable) \_\_\_\_\_

**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 Protection and Privacy Policies (these are available at [www.swimming.org.au](http://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.

Signature (Member) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If under 18 Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

 Registrar to complete  3rd Child Member  4th + Child Member