



CANNONVALE CANNONS MEMBERSHIP FORM

FAMILY NAME: _____

MEMBER' NAME: _____ D.O.B. ___/___/_____

_____ D.O.B. ___/___/_____

_____ D.O.B. ___/___/_____

_____ D.O.B. ___/___/_____

ADDRESS - RESIDENTIAL _____

POSTAL ADDRESS _____

EMAIL ADDRESS _____

HOME TELEPHONE _____

NEXT OF KIN _____

NEXT OF KIN (CONTACT NUMBER) _____

PARENT OCCUPATION & PLACE OF WORK

MOTHER _____

FATHER _____

BUSINESS TELEPHONE _____

BIRTH CERTIFICATE/S PHOTOCOPIED FOR FILE YES/NO

DATE JOINED ___/___/_____ SWIMMING OLD DATE ___/___/_____

MONIES RECEIVED \$ _____

MEMBERSHIP AGREEMENT

I/We have read the guidelines in the Club Handbook and agree with the Club's Format and Procedures (including the Policy on Club Uniform)

Parent/Guardian's Signature _____ Date ___/___/_____