

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 wish to receive free parent membership and associated benefits

Relationship to member* _____

Emergency contact: * (____) _____

 E-mail _____ Male Female

 Australian Citizen* Yes No

Last Name _____

First Name _____ DOB ____/____/____

 Please tick if you wish to receive free parent membership and associated benefits

Relationship to member* _____

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).

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