

APPLICATION FOR MEMBERSHIP



1 TYPE New Membership for _____
 Transferring Membership from _____

2 SWIMMER DETAILS

NAME FIRST MIDDLE LAST

ADDRESS STREET POSTCODE

PHONE _____ EMAIL _____

DOB _____ ETHNICITY _____

3 PARENT CONTACTS

CONTACT 1 TITLE FIRST LAST

PHONE _____ EMAIL _____

CONTACT 2 TITLE FIRST LAST

PHONE _____ EMAIL _____

ADDRESS STREET POSTCODE
 IF DIFFERENT FROM ABOVE _____

4 SQUAD

PLEASE REFER TO SQUAD & FEE SCHEDULE	CUB 1	PLEASE TICK	NIPPER COMP	PLEASE TICK
	TRANSITION 2		JUNIOR COMP	
	FITNESS 3		AYO COMP	
	FITNESS 5			

5 MEMBER DECLARATION

I HAVE READ AND I MAKE THE DECLARATION ACCORDING TO THE MEMBERSHIP DECLARATION (OVER PAGE) AND AGREE TO BE BOUND BY CLAUSES 1-6 (OVER PAGE)

MEMBER SIGNATURE _____
 DATE _____

UNDER 18 YRS, PARENT, GUARDIAN, CAREGIVER CONSENT
 I HEREBY DECLARE THAT I AM THE PARENT /GARDIAN/CAREGIVER OF THE APPLICANT WHO IS UNDER 18 YEARS OF AGE. I HAVE READ AND UNDERSTOOD THIS APPLICATION FORM AND THE APPLICANTS MEMBERSHIP DECLARATION (OVER PAGE) AND GIVE MY CONSENT TO THE APPLICANT'S MEMBERSHIP OF PSC,ASA,SNZ.

CAREGIVER NAME _____
 CAREGIVER SIGNATURE _____
 DATE _____

PSC RELIES ON THE HELP OF VOLUNTEERS -PLEASE TICK IF YOU ARE HAPPY TO BE CONTACTED ABOUT THIS _____