



MEMBERSHIP FORM

Renewal New Member Transfer: Previous Club _____

Membership Number _____

<p>Title: Mr/Mrs/Miss/Ms Dr</p> <p>First Name: _____ Middle Name/Initial: _____</p> <p>Last Name: _____</p> <p>Date of Birth: _____</p> <p>Address: _____ _____</p> <p>Phone Contacts: Home _____ Work _____ Mobile _____</p> <p>Email Address: _____</p> <p>Emergency Contact Details:</p> <p>Name: _____ Relationship: _____</p> <p>Phone number: Home _____ Mobile: _____</p>
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Declaration

1. I agree to abide by the rules, regulations and policies of Swimming Australia, Swimming NSW, Swimming ACT and CRUIZ Swim Club, including Swimming Australia Anti Doping, Member Protection and Privacy Policies, available at www.swimming.org.au
2. I authorise Swimming NSW 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, photograph and results published in official programs, newsletters and websites.

Signature (member or legal guardian) _____ Date: _____

Other Membership details:

Alternate Email Address _____

Medical Conditions/Allergies/Vaccs _____

Other Swimming Federation _____

Australian Citizen

Asthmatic

Indigenous Member

Member with Disability