MEMBERSHIP FORM

CLUB ___________________________ SEASON: 20______ / 20______

☐ Renewal  ☐ New Member  ☐ Upgrade  ☐ Transfer (Previous Club (___________________________))

PERSONAL INFORMATION ( * compulsory information for members )

Title* Circle Mr, Mrs, Miss, Ms,  First Name* ________________________________________________

Middle Name* ___________________________ Last Name* __________________________________________

Address* ________________________________________________________________________________________________________

Suburb* ___________________________ State* _______ Postcode* _______

*At Least One Telephone Contact Number Must Be Entered

Business (_____) __________________ Private (_____) __________________ Mobile (_____) __________________

Date of Birth* ______/_____/______ (dd/mm/yyyy)  Gender*  ☐ Male  ☐ Female  Birth Certificate Sighted ☐ Yes ☐ No

If not Born in Australia has Club Sighted your Australian Citizenship ☐ Yes ☐ No

Email Address: ___________________________________________________________________________ Format: ☐ HTML ☐ Plain Text

Emergency Contact Person ___________________________________________________________________________

Emergency Contact Number* ________________________________________________________________________________________

Membership Fee*  
Non Swimmer: All other members (e.g. club committee members who are not related to a swimming member)  
Parent Member: The parent or Guardian of a swimming member are free

1st or 2nd Family Member $80.00 ☐  3rd Family Member $60.00 ☐  4th Family Member $40.00 ☐  Non Swimmer $18.00 ☐

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.)

Coach:  ☐ (This membership is for qualified Coaches who are members of ASCTA.)

Technical Official:  ☐ (To be eligible for this category you need to hold at least one SAL Technical Official qualification.)

Life Member Club: ☐  Life Member Region: ☐  Life Member State: ☐

I would like to receive:  ☐ Swimming Queensland’s Q-Swimmer Newsletter (Free)

National Custom Fields:

Alternate Email Address: ___________________________________________________________________________

Alternate Address(including Suburb, State & PC) ______________________________________________________________________________________

Medical Conditions/ Allergies/ Vaccinations? ________________________________________________________________________________

If a SWD member, what are your classifications: ____________________________________________________________________________

What is your Coach’s name? _____________________________________________________________________________________________

Do you belong to another Swimming Federation: ____________________________________________________________________________

Australian Citizen?  ☐ Yes  ☐ No  Asthmatic?  ☐ Yes  ☐ No  Indigenous Member?  ☐ Yes  ☐ No

DECLARATION 1

Title:  Conditions of being a Member of Swimming Queensland, Affiliated Regions and Affiliated Clubs
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 Welfare, Child Welfare and Privacy Policies (These are available at www.swimming.org.au).

Declaration:

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.

3. I note that the club, as an affiliate of Swimming Queensland, has $20 million public liability insurance cover.

4. I warrant that all information provided is true and accurate.

Circle: I have read, understood, acknowledge and agree to the above declaration.

DECLARATION 2

Title: Parent/Legal Guardian Consent (in respect to an applicant under the age of 18 years)

Declaration:

1. Where the applicant is under 18 years of age this form must be endorsed by the applicant’s parent or legal guardian.

2. I have read, understood, acknowledge and agree to the declarations above and I warrant that all information provided is true and correct.

3. I, as the Parent or Guardian of the applicant, expressly agree to accept responsibility for the applicant’s behavior and agree to personally accept the conditions set out in the membership application and declaration.

Confirmation: Circle: I have read, understood, acknowledge and agree to the above declaration.

Signature (Member) ____________________________________________ Date ___/___/____

If under 18 Parent / Guardian Signature __________________________________ Date ___/___/____

Payment Details

☒ Cash ☐ Cheque (made out to GSLC P&F Association) ☐ Credit Card (details below)

MasterCard / Visa Card/ Bank Card (please circle): I authorize the payment of the above membership Card No: ______ ______ ______ ______ ______ ______ ______ ______ ______ ______ ______ ______

Expiry Date: ___/___

Amount: AUD$________________________

Name on Card: _____________________________

Signature: _____________________________

Date: ___/___/___

CLUB USE ONLY:

Receipt/Reference Number: _________________

Signature: _____________________________

Date: ___/___/___