AVALON - BILGOLA AMATEUR SWIMMING CLUB INC.

www.avalonbilgolaswimming.asn.au
info@avalonbilgolaswimming.asn.au

President: Richard Vander Reyden
Secretary: David Hawkins
Treasurer: Pam Tate

Membership Application Form - Season 2018-2019

I hereby apply to join the Avalon Bilgola Amateur Swimming Club Inc. for the 2018-2019 Season.

First Name: Initial: Family Name:

Address:

Phone:

Email Address: Do you wish to receive updates via email: Y / N

Date of Birth: Age: Sex (M/F):

Parents Names: Australian Citizen: Y / N

Membership Type:	Swimmer	$40	
(Circle one)	Non-Swimmer/2nd-Claim Swimmer	$20	First Claim Club:
			WASA Registration No:

New Members how did you find out about the club? (Please tick)
Bilgola Pool □ Friends/Family □ Newspaper □ Banner □ School □ Dept Sport and Rec □ Internet □ Shopping Centre □ Learn to Swim School □ Facebook □
Which school, internet site or other (please specify):

Declaration:
I hereby declare the above information is correct and will abide by the Rules, regulations and policies of Avalon Bilgola Amateur Swimming Club Inc. and Warringah Amateur Swimming Association Inc. I agree to have my name, photograph and results published in official programs, newsletters or websites.

I hereby acknowledge that I am responsible for the supervision of my child/children during club activities.

A requirement for membership for persons over 18yrs is to provide a NSW Working with Children Check number if that person does not have a close child member (e.g. child, grandchild) in the club. Are you over 18yrs with no child members in the club? Y / N

To support our club I will work on the canteen at least once during the season: ☐

Signed: Date:
(Parent/Guardian if under 18 years)

Bank Account Details: Bank: CBA, BSB: 062205, A/C: 10337011, Name: Avalon Bilgola Amateur Swimming Club
Please include Surname in your deposit description

Working with Children Checks are available at www.kidsguardian.nsw.gov.au

Official Use:
Registration No: Receipt No:

WASA DB: ABASC DB: WWC Number: