## AVALON - BILGOLA AMATEUR SWIMMING CLUB INC.



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

President: Richard Vander Reyden

Secretary: Kylie Elliott Treasurer: Katrina Meek

## Membership Application Form - Season 2020-2021

I hereby apply to join the	e Avalon Bilgola Amateur Swimm	ning Club Inc. for	the 2020-2021 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: (Circle one)	Swimmer Non-Swimmer/2 <sup>nd</sup> -Claim Swimn	\$40 ner \$20	First Claim Club: WASA Registration No:
New Members how did you find out about the club? (Please tick)  Bilgola Pool			
<b>Declaration:</b> 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.			
To support our club, I will work on the canteen at least once during the season: □			
Signed: (Parent/Guardian if und	er 18 years)	Date:	
Official Use: Registration No: WASA DB:	ABASC DB:	Receipt	No:
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