AVALON - BILGOLA AMATEUR SWIMMING CLUB INC.



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

President: Richard Vander Reyden

Secretary: Treasurer:

Membership Application Form - Season 2023-2024

I hereby apply to join th	e Avalon Bilgola Amateur Swimn	ning Club Inc. for t	the 2023-2024 Season.
First Name:	Initial:	Family Name:	
Address:			
Phone:			
Email Address:			
Date of Birth:	Age:	Sex (M/F):	
Parents Names:		Australian Citizen: Y / N	
Additional Members Name: Name: Name:		DOB: DOB: DOB:	Age: Sex: Age: Sex: Age: Sex:
Membership Type: (Circle one)	Swimmer Non-Swimmer/2 nd -Claim Swimi	\$40 mer \$20	First Claim Club: WASA Registration No:
New Members how did you find out about the club? (Please tick) Bilgola Pool			
	rringah Amateur Swimming Association		tions and policies of Avalon Bilgola Amateur my name, photograph and results published in
I hereby acknowledge that I	am responsible for the supervision of n	ny child/children durin	g club activities.
To support our club, I will wo	ork on the canteen at least once during	the season:	
Signed: (Parent/Guardian if und	er 18 years)	Date:	
Official Use: Registration No:		Receipt N	No:
WASA DB:	ABASC DB:		