

AVALON - BILGOLA AMATEUR SWIMMING CLUB INC.



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

President: Richard Vander Reyden
Secretary:
Treasurer:

Membership Application Form - Season 2026-2027

I hereby apply to join the Avalon Bilgola Amateur Swimming Club Inc. for the 2026-2027 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:	DOB:	Age:	Sex:
Name:	DOB:	Age:	Sex:
Name:	DOB:	Age:	Sex:

Membership Type:	Swimmer	\$45	
(Circle one)	Non-Swimmer/2 nd -Claim Swimmer	\$25	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.

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

Signed:
(Parent/Guardian if under 18 years)

Date:

Official Use:
Registration No:

Receipt No:

WASA DB: ABASC DB: