

2014/15



Whangarei Amateur Swimming Club Inc. SNZ Affiliated Member
PO Box 283 – Whangarei – New Zealand

MEMBERSHIP RENEWAL

I WISH TO APPLY FOR MEMBERSHIP OF THE WHANGAREI AMATEUR SWIMMING CLUB (INC.)
AND AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE CLUB, SWIM NORTHLAND
AND ALL RELATED AUTHORITIES

SURNAME

M / F

PLEASE USE BLOCK CAPITALS

CHRISTIAN NAME(S)

(Please supply ALL Christian names)

ADDRESS

POSTAL ADDRESS

(if different from above)

DATE OF BIRTH

PHONE NUMBER

FAX:

CELL:

EMAIL:

PREVIOUS CLUB (if any)

PRIVACY CONSENT

I consent to all personal information required by the above Club, Association and national Swimming Authorities being collected, retained, used and distributed by them, their agents and such other persons as may be necessary for their administration. Swimmers also consent to results being published in the media. I give this consent under the Privacy Act 1993

Signed

(Parent or Guardian if under 18 years old)

Date

CLUB USE ONLY

TYPE OF MEMBERSHIP	
<input type="checkbox"/> Competitive <input type="checkbox"/> Non Competitive <input type="checkbox"/> Official <input type="checkbox"/> Administration	
Clearance	
Accepted	

Subscription Paid Date	
Receipt #	
Date Registered SN/SNZ	
Upgraded to Competitive	
SWIM COACHING	
Learn to Swim	
Club Night Coaching	

Technical Exams	Regional	National
Timekeeper		
IOT		
Starter		
Recorder		
Stroke Inspector		
Referee		

Birth Cert/Passport sited... Y/N