



Mildenhall & District Swimming Club Membership 2014

Please fill in the form below and sign the declaration.

This form along with the annual membership fee should be returned at the beginning of the year.

I agree that photographs can be taken for use in publicity material for Mildenhall and District Swimming Club. **Yes / No**

Note. If any swimmer has any medical condition or disability that you feel it beneficial to notify the Club Coach please give brief details in the appropriate box below, continuing onto another sheet of paper, if needed.

Family Details

Club Reference

Main Contact Title <input type="text" value="TITLE-MAIN"/>	Main Contact Forename <input type="text" value="FORENAME-MAIN"/>	Main Contact Surname <input type="text" value="SURNAME-MAIN"/>
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Address:

<input type="text" value="ADDRESS-LINE-1"/>
<input type="text" value="ADDRESS-LINE-2"/>
<input type="text" value="ADDRESS-LINE-3"/>

Post Town: <input type="text" value="POST-TOWN"/>	County: <input type="text" value="COUNTY"/>
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Post Code <input type="text" value="POSTCODE"/>	Home Phone <input type="text" value="HOME-PHONE"/>	Mobile Phone (In case of emergency) <input type="text" value="MOBILE-PHONE"/>	Other Phone (In case of emergency) <input type="text" value="OTHER-PHONE"/>
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Family Email

All persons who assist in any way with the Club's activities will need to become members or associate members of the Club and hence of the ASA and the relevant membership fee shall be paid.

Notes

ASA Category:

- 1 – Members who are learning to swim or who are swimmers at any level, who do not compete in any discipline in open competition
- 2 – Members who compete in any discipline in open competition
- 3 – Members who are not in categories one or two e.g. administrators; associate members; coaches; helpers; officers; officials; patrons; teachers

Ethnicity Code:

A - White British, B - White Irish, C – White-Other, D - Asian-Indian, E - Asian-Pakistani, F - Asian-Bangladeshi, G - Asian-Other, H - Chinese, I - Mixed-White and Black Caribbean, J - Mixed-White and Asian, K - Mixed-Other, L - Black-Caribbean, M - Black-African, N - Black-Other, O - Other

Offers

- A I do / do not want British Swimming / the ASA to send me details of products and services
- B I do / do not want British Swimming / the ASA to send me details of events
- C I do / do not want British Swimming / the ASA to send me details from British Swimming / the ASA's partners

Category 2 Swimmers

Category 2 swimmers (those entering open meets), need to fill in the Yellow ASA form as well – please ask the membership secretary for a copy.

Swimmer and Associate Member Details

First Member Details

ASA registration number

Title <input type="text" value="TITLE-1"/>	Forename <input type="text" value="FORENAME-1"/>	Initials <input type="text" value="INIT-1"/>
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Surname <input type="text" value="SURNAME-1"/>	Known As <input type="text" value="KNOWN-AS-1"/>
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Gender <input type="text" value="GENDER-1"/>	Ethnicity <input type="text" value="ETHNICITY-1"/>	Date of Birth (Day Month Year) <input type="text" value="DATE-OF-BIRTH-1"/>	Mobile Phone <input type="text" value="PHONE-1"/>
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Email

ASA Category <input type="text" value="ASA-CAT-1"/>	Disability / Medical Condition <input type="text" value="MEDICAL-1"/>	Swimming Class or Squad <input type="text" value="CLASS-1"/>
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Offers

<input type="text" value="OFFER-A-1"/> Products and Services	<input type="text" value="OFFER-B-1"/> Details of events	<input type="text" value="OFFER-C-1"/> ASA partner details
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Club Reference

ASA registration number

Second Member Details

Title Forename Initials

Surname Known As

Gender Ethnicity Date of Birth (Day Month Year) Mobile Phone

Email

ASA Category Disability / Medical Condition Swimming Class or Squad

Offers Products and Services Details of events ASA Partners

Third Member Details

ASA registration number

Title Forename Initials

Surname Known As

Gender Ethnicity Date of Birth (Day Month Year) Mobile Phone

Email

ASA Category Disability / Medical Condition Swimming Class or Squad

Offers Products and Services Details of events ASA Partners

Fourth Member Details

ASA registration number

Title Forename Initials

Surname Known As

Gender Ethnicity Date of Birth (Day Month Year) Mobile Phone

Email

ASA Category Disability / Medical Condition Swimming Class or Squad

Offers Products and Services Details of events ASA Partners

No. of swimmers	<input type="text" value="SWIM-MEM"/>
No. of associate members	<input type="text" value="ASSOC-MEM"/>
Annual Membership Fee	£ <input type="text" value="ANN-FEE"/>
Monthly Fee	£ <input type="text" value="MON-FEE"/>

(inc. Membership Fee £

For official use Only	
Amount Received:	
By:	
Date:	

I declare that I have received the Club Constitution and Club's Code of Conduct. By signing below I agree to abide by these rules.

GIFT AID: If you are a UK tax payer, Mildenhall & District Swimming Club can reclaim the tax on monthly membership fees (please see the welcome pack for more details). Please tick, [], if you would like to gift-aid your monthly membership fees.

Signature (parent/guardian for under 18s) _____ Date _____

CONTINUED?