

Mildenhall & District Swimming Club Membership 2024



Please fill in the form below and sign the declaration. This form, along with the code of conduct forms and annual membership fee, should be returned at the beginning of each year.

Family Details			Club Reference	CLUB-REF		
Main Contact Title Main Contact Fo	prename	Main Contact Surname				
TITLE-MAIN FORENAME-N	MAIN	SURNAME-MAIN				
Address:						
ADDRESS-LINE-1						
ADDRESS-LINE-2						
ADDRESS-LINE-3						
Post Town:	County:	Post Code	Home Ph	none		
POST-TOWN	COUNTY	POSTCODE	HOME	-PHONE		
Family Email		Second Family Email				
FAMILY-EMAIL		FAMILY-EMAIL2				
I agree that photographs can be taken fo			Club (Y/N)? PHO			
Emergency Contact Details Contact Name EMERGENCY-1 Please indicate below which areas of the	Mobile Phone MOBILE-PHONE club you would be willing to he	Contact Name EMERGENCY-2		Other Phone OTHER-PHONE		
H-1 Helping at galas	H-2 Helping at tr		H-3 Officiating (Timekee	eper Judge)		
H-4 Fund raising	H-5 Committee N	<u> </u>	H-6 Administration			
All persons who assist in any way w will need to become associate mem			alas, if not already meml	pers of the club,		
Data Protection & Privacy Poli	су					
Please refer to the club website http	s://www.mildenhallsharks.co	o.uk for the details of the da	ata protection & privacy p	policy.		
Notes						
Using your membership number and details, click on https://www.swimmil	d email address you can log ngmembers.org/ and follow	on to the Swim England O the instructions to activate	nline Membership Syste your membership.	m to update your		
Swim England Category:						
Club Train – Members who are learning to Club Compete – Members who compete Club Support – Non-swimming members	in any discipline in open compe	etition				
Swimmer and Associate Memb	per Details					
First Member Details		Swim England	registration number ME	MBER-ID-1		
Title Forename		-		Initials		
TITLE-1 FORENAME-1	1			INIT-1		
Surname		Preferred	Name	Gender		
SURNAME-1		KNOWN	V-AS-1	GENDER-1		
Main Email			Mobile Phone			
EMAIL-1			PHONE-1			
Second Email			Date of Birth (Da	y Month Year)		
EMAIL2-1		DATE-OF-BIRTH-1				
Swim England Category Cour	wimming Class or Squad	g Class or Squad				
ASA-CAT-1 CC	OUNTRY-OF-REPRESENTATION					

Disability / Medical Condition (continue onto a separate sheet if necessary)

		Club Reference CLUB-REF					
Second Member Detai	ls		Swim Engla	nd registrat	ion number	IEMBER-ID-2	
Title Forei	name		_	-		Initials	
TITLE-2 FO	RENAME-2					INIT-2	
L Surname			Preferre	ed Name		Gender	
SURNAME-2		KNOWN-AS-2			GENDER-2		
Main Email					Mobile Phone		
EMAIL-2					PHONE-2		
Second Email						Pay Month Year)	
EMAIL2-2				DATE-OF-BIRTH-2			
Swim England Category	Country of F	Representation		Swimming	Class or Squad		
ASA-CAT-2		Y-OF-REPRESENTATION-2		CLASS-2			
Disability / Medical Condition				027.00			
MEDICAL-2	(continue onto a copa	nate shoot ii noocoodiy)					
WLDIOAL-2							
Third Member Details			Swim Engla	nd registrat	ion number	IEMBER-ID-3	
	name		 gla	3.0		Initials	
	RENAME-3					INIT-3	
Surname	TENTINE O		Preferr	ed Name		Gender	
SURNAME-3				WN-AS-3		GENDER-	
Main Email			7000	WWAO-5	Mobile Phone	GLIVDLI	
EMAIL-3					PHONE-3		
						Nov Month Voor)	
Second Email						ay Month Year)	
EMAIL2-3	0	Danier and afficient		0	DATE-OF-BII	XIH-3	
Swim England Category		Representation			Class or Squad		
ASA-CAT-3		Y-OF-REPRESENTATION-3		CLASS-	3		
Disability / Medical Condition	(continue onto a sepa	rate sheet if necessary)					
MEDICAL-3							
Fourth Member Details	s		Swim Engla	nd registrat	ion number	IEMBER-ID-4	
	name					Initials	
	RENAME-4					INIT-4	
	RENAIVIE-4		Droform	ad Nama			
Surname			Preferred Name KNOWN-AS-4		Gender		
SURNAME-4			KNO	VVIV-AS-4		GENDER-	
Main Email				1	Mobile Phone		
EMAIL-4					PHONE-4		
Second Email						ay Month Year)	
EMAIL2-4					DATE-OF-BII	RTH-4	
Swim England Category		Representation			Class or Squad		
ASA-CAT-4	COUNTR	Y-OF-REPRESENTATION-4		CLASS-	4		
Disability / Medical Condition	(continue onto a sepa	rate sheet if necessary)					
MEDICAL-4							
No. of swimmers	SWIM-MEM]			For official u	ise Only	
No. of associate members	ASSOC-MEM	-		Amour	ror official to nt Received:	ise Oilly	
Annual Membership Fee	£ ANN-FEE	-		By:	it ittooolvou.		
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Worlding Fee	L WON-FEE	(IIIC. Membership Fee £MEMB-FE	==)	Date.			
like to gift-aid your monthly I acknowledge receipt of the	/ membership fene rules of Mildee) shall govern n	inc. Membership Fee £MEMB-FE enhall & District Swimming Clubees and any other donations, pleenhall & District Club and confirming membership of the Club. I furthese rules.	can reclaim the case tick [TICK]	and comp nding and	olete the gift aid acceptance that	I declaration for t such rules (as	

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