

Mildenhall & District Swimming Club Membership 2025



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 Refere	nce CLUB-REF	
Main Contact Title	Main Contact Forena	me	Main Contact Surname			
TITLE-MAIN	FORENAME-MAIN		SURNAME-MAIN			
Address:						
ADDRESS-LINE-1						
ADDRESS-LINE-2						
ADDRESS-LINE-3						
Post Town:		County:	Post Code	I	Home Phone	
POST-TOWN		COUNTY	POSTCO	DE	HOME-PHONE	
Family Email			Second Family Email			
FAMILY-EMAIL		FAMILY-EMAIL2				
		in publicity material for Mile	denhall and District Swimm	ing Club (Y/N)?	РНО	
Emergency Cont Contact Name		lobile Phone	Contact Name	,	Other Phone	
					-	
EMERGENCY-1		MOBILE-PHONE	EMERGENCY-2		OTHER-PHONE	
Please indicate below	which areas of the club	you would be willing to hel	p with:			
H-1 Helping at ga	alas	H-2 Helping at tra	ining	H-3 Officiating	Officiating (Timekeeper, Judge)	
H-4 Fund raising		H-5 Committee M	lember	H-6 Administra	tion	

All persons who assist in any way with the Club's activities, except for occasional help at galas, if not already members of the club, will need to become associate members of the Club and hence of Swim England.

Data Protection & Privacy Policy

Please refer to the club website https://www.mildenhallsharks.co.uk for the details of the data protection & privacy policy.

Notes

Using your membership number and email address you can log on to the Swim England Online Membership System to update your details, click on https://www.swimmingmembers.org/ and follow the instructions to activate your membership.

Swim England registration number

Swim England Category:

Club Train – Members who are learning to swim or who are swimmers at any level, who do not compete in any discipline in open competition Club Compete – Members who compete in any discipline in open competition

Club Support - Non-swimming members who support the club e.g. administrators; coaches; helpers; officers; officials; patrons; teachers

Swimmer and Associate Member Details

First Member Details	
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Title	Forename		Middle Initials
TITLE-1	FORENAME-1		INIT-1
Surname		Preferred Name	Gender
SURNAME-1		KNOWN-AS-1	GENDER-1
Main Email		Mobile Phone	•
EMAIL-1		PHONE-1	
Second Email		Date of Birth	(Day Month Year)
EMAIL2-1		DATE-OF-E	BIRTH-1
Swim England Category	Country of Representation	Swimming Class or Squa	d
ASA-CAT-1	COUNTRY-OF-REPRESENTATION-1	CLASS-1	
Disability / Medical Con-	dition (continue onto a separate sheet if necessary)		
MEDICAL-1			

				Clu	b Reference	CLUB-REF
Second Member Det	ails		Swim Engla	and registrat	ion number	MEMBER-ID-2
Title Fo	rename					Middle Initials
TITLE-2	FORENAME-2					INIT-2
Surname			Prefer	red Name		Gender
SURNAME-2			KNO	WN-AS-2		GENDER-2
Main Email					Mobile Phone	
EMAIL-2					PHONE-2	
Second Email					Date of Birth	(Day Month Year)
EMAIL2-2					DATE-OF-E	
Swim England Category	Country of R	Representation		Swimming	Class or Squa	
ASA-CAT-2		-OF-REPRESENTATION-2		CLASS-		_
Disability / Medical Condition				02.00		
MEDICAL-2						
Third Member Detail	e		Swim Engl	and registrat	ion number	MEMBER-ID-3
				and registra		
	rename					Middle Initials
	FORENAME-3					INIT-3
Surname				red Name		Gender
SURNAME-3			KNO	WN-AS-3		GENDER-3
Main Email					Mobile Phone	
EMAIL-3					PHONE-3	
Second Email						(Dov Month Voor)
					Date of Birth	(Day Month Year)
EMAIL2-3					Date of Birth	
EMAIL2-3	Country of F	Representation		Swimming		BIRTH-3
EMAIL2-3		Representation /-OF-REPRESENTATION-3		Swimming	DATE-OF-E	BIRTH-3
EMAIL2-3 Swim England Category ASA-CAT-3	COUNTRY	/-OF-REPRESENTATION-3		_	DATE-OF-E	BIRTH-3
EMAIL2-3 Swim England Category	COUNTRY	/-OF-REPRESENTATION-3		_	DATE-OF-E	BIRTH-3
EMAIL2-3 Swim England Category ASA-CAT-3 Disability / Medical Condition	countrast on (continue onto a separ	/-OF-REPRESENTATION-3	Swim Engla	CLASS-	DATE-OF-E Class or Squa 3	BIRTH-3
EMAIL2-3 Swim England Category ASA-CAT-3 Disability / Medical Condition MEDICAL-3 Fourth Member Deta	countrast on (continue onto a separ	/-OF-REPRESENTATION-3	Swim Engla	CLASS-	DATE-OF-E Class or Squa 3	d
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EMAIL2-3 Swim England Category ASA-CAT-3 Disability / Medical Condition MEDICAL-3 Fourth Member Deta Title Fo TitLE-4 Surname	ils	/-OF-REPRESENTATION-3	Prefer	CLASS-	DATE-OF-E Class or Squa 3	MEMBER-ID-4 Middle Initials INIT-4 Gender
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EMAIL 2-3 Swim England Category ASA-CAT-3 Disability / Medical Condition MEDICAL-3 Fourth Member Deta Title Fourth Member Deta Title Fourth Member Deta Surname Surname SURNAME-4 Main Email EMAIL-4 Second Email EMAIL2-4 Swim England Category ASA-CAT-4 Disability / Medical Condition MEDICAL-4 No. of swimmers	ils rename ORENAME-4 Country of F COUNTRY on (continue onto a separ	Ac-OF-REPRESENTATION-3 ate sheet if necessary) ate sheet if necessary)	Prefer	CLASS-	DATE-OF-E Class or Square 3 tion number Mobile Phone PHONE-4 Date of Birth OATE-OF-E Class or Square 4 For official	d MEMBER-ID-4 Middle Initials INIT-4 Gender GENDER-4 (Day Month Year) MRTH-4 d

like to gift-aid your monthly membership fees and any other donations, please tick [7/CK] and complete the gift aid declaration form I acknowledge receipt of the rules of Mildenhall & District Club and confirm my understanding and acceptance that such rules (as amended from time to time) shall govern my membership of the Club. I further acknowledge and accept the responsibilities of membership upon members as set out in these rules.