AVALON - BILGOLA AMATEUR SWIMMING CLUB INC.



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

President: Richard Vander Reyden Secretary: Treasurer:

Membership Application Form - Season 2024-2025

I hereby apply to join the Avalon Bilgola Amateur Swimming Club Inc. for the 2024-2025 Season.

First Name:	Initial:	Family I	Name:			
Address:						
Phone:						
Email Address:						
Date of Birth:	Age:	Sex (M/	F):			
Parents Names:		Australia	an Citize	en: Y / N		
Additional Members Name: Name: Name:			DOB: DOB: DOB:		Age: Age: Age:	Sex: Sex: Sex:
Membership Type: (Circle one)	Swimmer Non-Swimmer/2 nd -Claim Swimm		\$40 \$20		aim Club Registrat	

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: \Box

Signed:				
(Parent/Guardian	if under	18	years)	

Date:

Official Use: Registration No:

Receipt No:

WASA DB: ABASC DB: