******New Membership Form**

|  |  |  |
| --- | --- | --- |
| **Name of Swimmer(s)** | **Gender** | **Date of Birth** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Primary Contact** |  |
| Contact Name |  |
| Address 1 |  |
| Address 2 |  |
| Town |  |
| Post Code |  |
|  |  |
| Telephone |  |
| Mobile |  |
| eMail |  |

|  |  |
| --- | --- |
| **Emergency Contact** |  |
| Contact Name |  |
| Address 1 |  |
| Address 2 |  |
| Town |  |
| Post Code |  |
|  |  |
| Telephone |  |
| Mobile |  |
| eMail |  |

**--------------------------------------------------------------------------------------------------------------------------**

**To be completed by the Club:**

|  |  |
| --- | --- |
| Received by: |  |
| Date received |  |