

CROW'S NEST SWIM CLUB

*** Membership Forms **** Season 2024/2025

Renewal New Member

Personal Information

Title: _____ First Name: _____ Surname: _____

DOB: _____ () Male / () Female

Address: _____

Suburb: _____ Postcode: _____

Home: _____ Mobile: _____

Email Address _____ (for club information)

Medical Condition / Allergies

() Asthmatic () Allergies No Yes - please specify: _____

() Other - Please Specify _____

Parent or Guardian/ Emergency Contact Information

First Name: _____ Last Name: _____

Home (phone): _____

Mobile: _____ Relationship to Member: _____

I, _____ agree/ disagree for my son/daughter _____ to be photographed by Publicity Officer on club nights or other events.

Parent/ Guardian - _____ Date - _____

RECREATIONAL SWIMMER

Each member \$70 for the season which includes \$2 on club night.

Payment Details: Crows Nest & District Amateur Swimming Club

BSB: 638-070 ACC: 7216181 Reference using last name.

CASH CHEQUE EFT Receipt Number: _____