



**Membership Application Form**

I wish to apply for membership to Evesham Swimming Club.

<b>Surname</b>	<b>Date Of Birth</b>	<b><u>Club use only</u></b>
<b>First Name</b>	<b>Mem No</b>	<b>E.F.</b>

**Address**

.....  
 .....  
 .....  
 .....

**Squad Joined (\*\*\*):**  
 Seals/Dolphins/Young  
 Achievers/Junior/Elite/Elite 1/Masters  
 \*\*\*Please delete as appropriate

**Postcode** .....  
**Phone No (inc code)** .....  
**Mobile No** .....  
**Email:**.....

Do you belong to any other swimming club **Yes/No**

If yes please list clubs in order of joining .....  
 .....

Please state if you have a disability of any kind

.....  
 .....

I/we agree to be bound by, and conform to the club rules as laid down in the club constitution, and as an ASA affiliated club, to be bound by ASA regulations.

Signed..... Date.....

(Signed by parent/guardian in case of swimmers under 16)

THIS COMPLETED FORM SHOULD BE RETURNED TO THE MEMBERSHIP SECRETARY TOGETHER WITH AN EMERGENCY CONTACT FORM TO THE ADDRESS BELOW.

Sheila Dobell. Greencroft, Church Lane, Pinvin WR10 2EU