

EVESHAM SWIMMING CLUB

(AFFILIATED TO WORCESTER COUNTY AND MIDLAND DISTRICT ASA)



Membership Application Form

I wish to apply for membership to Evesham Swimming Club.

Surname	Date Of Birth
First Name	Mem No

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

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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. I agree to give one month's notice in writing/by email in the event of my leaving the club.

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.

Simon Cook, 17 Woodland Piece, Evesham WR11 1BJ