



Membership Renewal 2019.

Surname:

Christian Name:

Address:

Post Code:

Home Telephone or Mobile No.

E'mail Address:

ASA Swim Category: Cat 1 £8.90..... or Cat 2 £25.00

Please tick required category and add £18.50 to your payment to us.

Date of Birth:

Medical Information (see notes):

Emergency Contact No.1

Emergency Contact No.2

Please sign here to accept the:

Data Protection Consent conditions on the notes page of this membership form

The Code of Conduct for Swimmers as published on the Club Noticeboard

Signed _____ Date: _____