



M.L.A.A.S.C
MEMBERSHIP FORM 2016/17 SEASON

Renewal New Member Transfer: Previous Club _____

Proof of Age must be provided for all new memberships for members under the age of 18.

PERSONAL INFORMATION

FAMILY NAME: _____

ADDRESS: _____

POSTCODE: _____

CONTACT NUMBER: _____

MOBILE NUMBER: _____

EMAIL: _____

Member 1: Swimmer Non Swimmer Life Member

Family Name: _____

Given Name: _____

Date of Birth: _____

Gender: Male / Female

Age as at 1st October 2016 _____

Member 2: Swimmer Non Swimmer Life Member

Family Name: _____

Given Name: _____

Date of Birth: _____

Gender: Male / Female

Age as at 1st October 2016 _____

Member 3: Swimmer Non Swimmer Life Member

Family Name: _____

Given Name: _____

Date of Birth: _____

Gender: Male / Female

Age as at 1st October 2016 _____

Member 4: Swimmer Non Swimmer Life Member

Family Name: _____

Given Name: _____

Date of Birth: _____

Gender: Male / Female

Age as at 1st October 2016 _____

MEDICAL OR HEALTH INFORMATION

Please list each applicant below. For emergency reasons only, please also indicate if any of these has a known medical condition, allergy or disability (for example – asthma, epilepsy, diabetes or bee sting allergy, sight or hearing impairment). Please also note the existing conditions are not covered under our accident insurance policy.

EMERGENCY CONTACT

Family Name: _____ Given Name: _____
Relationship: _____ Contact Numbers: _____

DECLARATION

1. I agree to abide by the rules, regulations of MLAASC and Warringah ASA Inc.
2. I authorise MLAASC and Warringah ASA to use or disclose to related and relevant bodies of my personal information that may be necessary to implement the rules, regulations and policies in 1 above.
3. I Agree to have our names, photograph and results published in programs, newsletters and website.
4. I authorise MLAASC and Warringah ASA Inc to use or disclose, to related and relevant bodies any of my child's /Children's personal information that may be necessary to implement the rules, regulations and policies in 1 above.

PAYMENT OPTIONS

Payment may be made by:

Cash:

Cheque: Cheque should be made out to MLAASC.

Direct Deposit: Please ensure Family Name is used in the transfer description

Account Name: MLAASC **BSB:** 633 000 **Account Number:** 141540187

Administration Use Only	
Membership Form received: _____(date)	
Payment Received: _____(date)	
Membership Approved: _____(signed)	
Capitation Numbers	
Member 1: _____	Member 2: _____
Member 3: _____	Member 4: _____