



MEMBERSHIP APPLICATION

PLEASE COMPLETE IN BLOCK CAPITALS

Surname:						
First Name:					Sex: M / F	
Address:						
Post Code:						
Contact number 1:						
Contact number 2: (must also be completed)						
Email:						
Date of Birth:	D	D	M	M	Y	Y

I wish to join Garioch Amateur Swimming Club as a: (please ✓ one)			
Swimming Member		Non-Swimming Adult Member	

Signature of applicant:	
If under 16 years of age signature of Parent / Guardian:	

Name of Parent / Guardian:	
Address of Parent / Guardian if different from above:	
Post Code:	
Contact number:	
Email:	

Office use

Date received		Membership offered	Y / N	SASA Membership	
Trial Date		SE1 SE2 DEV SQ1 SQ2 SQ3 SQ4 SQ5		SASA Parent M/ship	
Coach		Start Date		Fees	
		Accepted	Y / N	Squad List	