



(Affiliated to Westbury County ASA & Western Counties ASA)

MEMBERSHIP SUBSCRIPTION FORM

Name Tel No

Address Mobile No

..... Additional Emergency Tel No.....

..... Sex.....

Post Code..... D.O.B

Age as 31st December 2018.....

E.Mail Address.....

Facebook Address.....

Health:- Please state any illness or disability which may affect the above Child while in our Supervision. If "None" please state.

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Groups (Please Tick)

Wednesday's		Junior/Intermediate Squad	
Senior Squad		None Swimming Members	

I give permission for photos to be taken for the use of local publicity, membership Card photos (if necessary) and informal records for the club. Yes..... No.....

SignedParent/Guardian or member if over 16 years

Date.....

Data Protection Act the above information is held on computer file may be disclosed with the individuals consent. If you have any objection to this, please put in writing to the club Secretary

**PLEASE RETURN YOUR MEMBERSHIP FORM
AS SOON AS POSSIBLE
AND
TAKE YOUR S/O FORM TO YOUR BANK**

