

Club: \_\_\_\_\_ Season: \_\_\_\_\_

Renewal  New Member  Upgrade  Transfer (Previous Club \_\_\_\_\_)

**PERSONAL INFORMATION** (\*compulsory information)

ID Number _____	Last Name* _____
First Name* _____	Middle Name or Initial _____
Gender <input type="checkbox"/> Male * <input type="checkbox"/> Female *	Date of Birth* ___/___/_____ dd/mm/yyyy
Australian Citizen* <input type="checkbox"/> Yes <input type="checkbox"/> No	

**CONTACT INFORMATION**

Address* _____	State* _____	Postcode* _____
Suburb* _____		
Telephone:		
<input type="checkbox"/> Home (____) _____	<input type="checkbox"/> Work (____) _____	
<input type="checkbox"/> Mobile _____	* at least 1 preferred number must be provided	
Email Address _____		
I would like to receive:	<input type="checkbox"/> Branch level e-newsletters	
	<input type="checkbox"/> National level e-newsletters	

**EMERGENCY CONTACT INFORMATION**

Last Name * _____	First Name* _____
Relationship * _____	
Telephone: Home (____) _____	Work (____) _____
Mobile _____	* at least 1 number must be provided

**MEMBERSHIP DETAILS** (only 1 must be selected)

Member - 12 mth  Member - 4 mth  Member - 16 mth  Branch Life Member  
 National Life Member  Non- Member

**OTHER INFORMATION**

Police check required?

**SYSTEM ROLES**

Membership Registrar  
 Membership Reviewer

**Medical Disability**

A completed Medical Disability form must be attached to this form for a Medical Disability for breaststroke/and or butterfly.

**Privacy Statement**

Some of the information contained on this form will be disclosed to the Branch and National Office for membership registration purposes. Some of the information, including health information, may be disclosed to other AUSSI clubs, other AUSSI branches or National Office for official swim meet purposes. Identifying information may be published in AUSSI publications such as Top Ten, Records, newsletters etc.

