

## New Membership Form 2010

Club: **DONCASTER DOLPHINS** \_\_\_\_\_ Season: **2009/10**  Transfer  
(Previous Club \_\_\_\_\_)

### PERSONAL INFORMATION (\*compulsory information)

ID Number \_To Be Provided\_ Last Name\* \_\_\_\_\_  
First Name\* \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_  
Gender  Male  Female Date of Birth\* \_\_\_/\_\_\_/\_\_\_\_ dd/mm/yyyy  
Australian Citizen\*  Yes  No

### CONTACT INFORMATION

Address\* \_\_\_\_\_  
Suburb\* \_\_\_\_\_ State\* \_\_\_\_\_ Postcode\* \_\_\_\_\_  
Telephone:  
 Home (\_\_\_\_) \_\_\_\_\_  Work (\_\_\_\_) \_\_\_\_\_  
 Mobile \_\_\_\_\_ \* at least 1 preferred number must be provided  
Email Address \_\_\_\_\_  
I would like to receive:  Branch level e-newsletters  
 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 months 1<sup>st</sup> January to 31<sup>st</sup> December 2010= \$109.00  
 Member - 4 months 1<sup>st</sup> September to 31<sup>st</sup> December 2009 = \$53.50  
 Member - 16 months 1<sup>st</sup> September 2009 to 31<sup>st</sup> December 2010 = \$138.00
- 18-25 Yrs Full Time Student 12 mths 1<sup>st</sup> Jan to 31<sup>st</sup> Dec. 2010 = \$94.00  
 18-25 Yrs Full Time Student 4 mths 1<sup>st</sup> Sep to 31<sup>st</sup> Dec. 2009 = \$46.00  
 18-25 Yrs Full Time Student 16 mths 1<sup>st</sup> Sep 09 to 31<sup>st</sup> Dec 2010 = \$115.50

### OTHER INFORMATION

- 18-25 Years Full Time Students must provide evidence of full time studies and age.

### 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.

**SAFETY in ACTIVITY**

AUSSI Masters Swimming is concerned about your health and well being. It is strongly recommended that you have a medical examination and discuss with your doctor your intention of undertaking an activity program.

**PREGNANCY**

Continued participation in swimming during pregnancy may pose health risks to women and their unborn children. As soon as you learn you are pregnant, you should seek advice from an appropriately qualified medical practitioner as to:

1. The risks involved in swimming while pregnant
2. Whether it is safe to continue participating in swimming while pregnant, and if so, for how long you should continue to participate.

You should also inform your Club Safety Officer or other designated officer about your pregnancy.

**PAYMENT DETAILS**

Please return this form with your payment of \$ . to: The Registrar, Doncaster Dolphins, P.O. Box 2129 Lower Templestowe, 3107 OR hand deliver to the Registrar, Rod Clarke.

**Circle Method of Payment**

Cash

Cheque/ Money Order should be made payable to: Doncaster Dolphins Masters Swimming Club

Direct Debit Payment - BSB: 063-485 Account Number: 1003-2093  
Account Name: Doncaster Dolphins Masters Swimming Club (Quote Receipt Number)  
DD Bank Receipt Number:.....

**DECLARATION**

I, the undersigned, as a condition of acceptance of my membership application, declare that I am aware of the risks associated in undertaking an activity program. I undertake to advise the Club Coach or Club Safety Officer (or other designated officer) of any disability, lack of fitness, illness, or other medical condition, prior to participation in AUSSI activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CLUB USE ONLY**

Membership Fee received: \$ \_\_\_\_\_ Receipt No: \_\_\_\_\_

A copy of the member's proof of age document is attached/ on file (delete as required)

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_

Other Club information: