

Please return to:
Membership Secretary
P.O. Box 33
HELENSBURGH
G84 7SJ



MEMBERSHIP APPLICATION FORM

On receiving the completed form, the Club will place the applicant on the Waiting List for membership. It should be made clear however, that membership will not necessarily be offered in strict order of applying. This can be caused by the space available and the ability of swimmers. Swimmers will not be asked to join the Club until they are at least six years of age. Children will be called for trials as vacancies arise.

Please complete the section below and return to the above address.

I give/do not give permission for the following details to be kept on computer.

Signed (Parent/Guardian) _____

ONE APPLICATION PER PERSON

Name: _____

Address: _____

Tel No: _____ Date of Birth: _____

Date of Application: _____

Please give details of applicants swimming ability and achievements and details of previous club membership if any: _____

(Please use back of form for further information if necessary)

FOR OFFICIAL USE ONLY

Date Application Received: _____ Date Acknowledgement Sent: _____

Date of Trials: _____

HELENSBURGH AMATEUR SWIMMING CLUB

Dear: _____

This is to acknowledge receipt of your application form/s for _____

Received on: _____

Signed: _____
(Membership Secretary)