

BSM MEMBERSHIP REGISTRATION FORM



Please scan and email your completed form to:

president@bsmswimming.asn.au

OR post to:

Brisbane Southside Masters Swimming Inc.
Sleeman Sports Complex (Box 1)
1699 Old Cleveland Road
CHANDLER QLD 4155

Please pay the fee to:

Bank: Heritage Bank
Name: Brisbane Southside Masters Swimming Inc.
BSB: 638070
Account: 9654283

PERSONAL INFORMATION

FIRST NAME:		LAST NAME:	
MALE / FEMALE	DATE OF BIRTH: ___/___/___	Masters ID #: if available	
<input type="checkbox"/> Renewal	<input type="checkbox"/> New Member	<input type="checkbox"/> Transfer (Previous Club)	

CONTACT INFORMATION (the privacy information and declaration on page 2 must be signed and retained by the Club Registrar)

ADDRESS:		
SUBURB:	STATE:	POSTCODE:
TELEPHONE *only 1 number needs to be provided, preferably your Mobile		
Mobile:	Home:	Work:
Email Address:		
I would like to receive:	<input type="checkbox"/> Queensland Branch level e-newsletters	<input type="checkbox"/> National level e-newsletters

EMERGENCY CONTACT INFORMATION (*compulsory information)

FIRST NAME: *	LAST NAME: *
RELATIONSHIP: *	
TELEPHONE * Only 1 number needs to be provided	
Mobile	Home: Work:

MEMBERSHIP DETAILS (Only one (1) must be selected)

<input type="checkbox"/> Standard 12 months \$110	<input type="checkbox"/> Health Care Card 12 months \$95	<input type="checkbox"/> Standard 16 months \$147	<input type="checkbox"/> Other Please Specify
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How did you hear about Masters Swimming (Please select only one)

<input type="checkbox"/> Friend and Family	<input type="checkbox"/> Publicity Promotion
<input type="checkbox"/> Radio/TV	<input type="checkbox"/> Google/Other Search engine
<input type="checkbox"/> Open Water Swimming	<input type="checkbox"/> Information meeting/Open Day
<input type="checkbox"/> Newspaper/Magazine	<input type="checkbox"/> Shopping Centre
<input type="checkbox"/> Facebook	<input type="checkbox"/> Flyer Poster
<input type="checkbox"/> At the Pool	<input type="checkbox"/> Website

Medical Disability: A completed medical Disability Form **MUST** be attached to this application for any Medical Disability to be considered for competition events.

Privacy Statement: Please be advised that some of the information contained in this form will be disclosed to the Branch and National Office for membership registration purposes. Information such as health or medical disability may be disclosed to other Masters Swimming Clubs, Branches or the National Office for official swim meet purposes only. Identifying information may be published in AMS documents such as Top Ten, Records and Newsletters.

Safety: Masters Swimming Australia (MSA) is concerned for your health and wellbeing. It is strongly recommended that you have a medical examination and discuss with your Doctor your intention to undertake physical activity before starting or renewing any physical training activity.

Pregnancy: Continued participation in swimming during pregnancy may pose a health risk to women and/or their unborn child. As soon as a woman is aware of her pregnancy, they are strongly urged to seek medical advice from a suitably qualified medical practitioner regarding:

- The risks involved in swimming during pregnancy
- Whether it is safe to continue to participate in swimming while pregnant, and if so, how long should you continue to participate in activities associated with swimming

You should also advise your Club Safety Officer of your condition if you choose to continue swimming during any part of your pregnancy.

Insurance: MSA provides insurance cover for the club and its members whilst participating in club activities and masters swimming sanctioned events. A component of your membership fee is paid to MSA to provide this and other services.

Payment Details: Membership fees are due and applied annually.

Payment Fee \$ _____ Details Please specify e.g. Funds Transfer date

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 hereby undertake to advise Club Officials, including Club Coach and Club Safety Officer of any disability, lack of fitness, illness, or other medical condition prior to participation in any Masters Swimming Australia activities.

Signature of member:

Date:

CLUB USE ONLY

Membership Fee Received	\$ _____
<input type="checkbox"/> 16 Month membership from 1 September \$147.00	<input type="checkbox"/> with Health Care Card 16 months \$137
<input type="checkbox"/> Standard 12 months \$110.00	<input type="checkbox"/> with Health Care Card 12 months \$95
<input type="checkbox"/> Standard 6 months from 1 July \$65.50	<input type="checkbox"/> with Health Care Card 6 months from 1 July \$57
<input type="checkbox"/> Second Claim (already member of another club) \$50	<input type="checkbox"/> with Health Care Card 4 months \$40

A copy of the member's age certificate and/or Health Care Card is attached/on file or has been sighted by a Club official

Name:	_____	Position:	_____
Signature:	_____	Date:	_____