



2009/2010 Annual Club Affiliation and Renewal Package

Contents and check list

- Page 2 - Schedule of 2009/2010 Swimming WA Fees
- Page 3 - 2009/2010 Application for Affiliation and Club
Public Liability Insurance Cover

*To be completed and returned, with your payment,
at the Club's earliest convenience.*

- Page 4 - 2009/2010 Registration Form

*To be submitted within 3 months of your AGM, together
with a copy of your Financial Statement*

- Page 5 – 9 - 2009/2010 Office Bearers Form

Please note 'Working with Children Check' requirements

Name of Club: _____

Date of your AGM: _____

Once all forms are completed please return to:

SwimmingWA
PO Box 205 Leederville, WA 6903
Phone: (08) 9328 4599 Fax: (08) 9227 6089
Email: waswim@wa.swimming.org.au
Website: www.wa.swimming.org.au
ABN: 19 894 160 812



2009/20010 Fees

Affiliation:	\$100.00
Competitive Swimmer	\$87.00
Recreation Swimmer	\$65.00
Non Competitive Member (This includes Coaches & Officials)	\$28.00
Upgrade (Rec to Comp)	\$37.00
Upgrade (NC to Comp)	\$62.00
Transfer	\$26.00
1 st Claim 2 nd Claim	\$31.00

Membership Categories

- a. **Competitive** – These may be Junior Swimmers (12 years and under), Age Group Swimmers (13-18) years and Open/Senior Swimmers who actively seek to swim at competitive swimming meets. These include any sanctioned meet, JX, Virtual Speedster Meets, Shells etc or swim meets where times are used as an official qualifying time. Competitive swimmers may only compete in swimming events against other registered Swimming WA members or FINA accredited and registered members.
- b. **Recreational** – Any swimmer who may swim in a Club environment i.e. in club Night Events only, but who shall not compete in any competitive swimming meets, be they inter-Club, National or International.
- c. **Non-Competitive** – This applies to Club Coaches, Club Management Committee, parents of children who are registered with the club, Technical officials or social members of a Club. Membership ensures they are protected by insurance at any time when working or traveling to/from club activities.
- d. **Unattached** – is a person who is in the transition period of transferring from one Club to another.
- e. **Honorary** – Is a person provided membership in their capacity as patron, benefactor or supporter of Swimming WA; and
- f. **Life** – Is a person afforded Life Membership after recommendation by the Life Member Committee and formal approval at an Annual General Meeting (AGM), such person's shall be afforded enduring membership of WA Swimming. Note: Members granted life membership of their club will still be required to pay SWA membership.

**** All prices are GST inclusive****

***** A 6% Fee will apply if paying on line by Credit Card**



2009/2010 Season

**Application for Affiliation and
Club Public Liability Insurance Cover**

Club: _____
ABN: _____ GST Registered: yes/no (please circle)
Secretary Name: _____ Surname: _____
Club Address: _____
Suburb: _____ Post Code: _____
Ph: (H) _____ (W) _____ (Mob) _____
Email: _____

In accordance with Swimming WA Policies we nominate our Pool:

Nominated Summer Pool: _____
Nominated Winter Pool: _____

The _____ Swimming Club is now applying for affiliation to Swimming WA and its Club Public Liability Insurance Cover. The membership registration fee includes public liability and other insurances. The details supplied to Swimming WA by me are correct.

Please attach a club payment for \$100.00 (Includes GST)

The club agrees to abide by the WA Swimming Association (Inc.) Constitution and Policies. The club is familiar with all policies in Part 4 relating to Affiliation and Membership.

Signature of Secretary: _____ Date: / /



2009/2010 Season

Registration Form

Name of Club _____

The minimum membership figure for existing Metropolitan and Regional/Country Clubs are as follows:-

- Metropolitan Clubs – 25 Competitive and 12 Non-Competitive/Recreational Members
- Regional Country Club – 12 Competitive and 8 Non-Competitive/Recreational Members

Competitive Members _____

Non Competitive/Recreational Members _____

Privacy Agreement

By registering your members with the WA Swimming Association (Inc.) you are confirming that you have written authority from the members that we can use their details, publish stories and photos on our website.

Contact Person: (person who completed form)

Name: _____

Phone: _____ Mobile _____ Email _____

Signature: _____ Date: _____

I attach hereto a copy of our Club's Financials

*A Financial statement shall be provided in writing to the Executive Director at the time of affiliation or within 3 months of the close of the financial year. This can be undertaken by a competent and independent person presenting an independent opinion by providing a written declaration on the Club's financial position for the preceding financial year.

Failure to forward this financial statement within the defined period shall result in the body's re-affiliation being suspended, thereby negating rights and benefits to which it is entitled to under the Constitution.



2009/2010 Season Office Bearers

Please print names and details clearly

Before signing this form please read the Privacy Agreement on the bottom of this form.

Must be completed each Season to ensure contact data files are kept current.

(Please print names and details clearly)

Club: _____
Address (correct address for all Club information to be directed to): _____
Suburb: _____ Post Code: _____
Phone: _____ Fax: _____
Email: _____
Training Venue: Summer: _____ Winter: _____

** All members of a clubs' executive must be registered members of SWA to be covered by insurance. All position holders must be disclosed on this form. All office holders must comply with 'Working with Children check' as detailed below. All office holders will be bound by the behavioral guidelines 2007 as distributed by Swimming Australia.

Working with Children Checks

- All members of committees will be required to complete a working with children check, if they do not have a child who is a member of the relevant swimming club
- or a police clearance check if they do have a child who is a member of the relevant swimming club.
- Please see policy 3.25 to 3.33 (Version 2/ 22 January 2009)

Privacy Agreement

By signing this Office Bearers Form you are allowing the WA Swimming Association (Inc.) to release your details to the office bearers of other affiliated Swimming Clubs. This also allows us to release your name, home phone number and email address ONLY to members of the public against specific membership enquiries.



President: _____
Address: _____
Suburb: _____ Post Code: _____
Ph: (H) _____ (W) _____ (Mob) _____
Email: _____
Signature: _____

**Working with Children Check or
Federal Police Clearance:**
Notice Number: _____
Exp. Date _____

Vice-President: _____
Address: _____
Suburb: _____ Post Code: _____
Ph: (H) _____ (W) _____ (Mob) _____
Email: _____
Signature: _____

**Working with Children Check or
Federal Police Clearance:**
Notice Number: _____
Exp. Date _____

Secretary: _____
Address: _____
Suburb: _____ Post Code: _____
Ph: (H) _____ (W) _____ (Mob) _____
Email: _____
Signature: _____

**Working with Children Check or
Federal Police Clearance:**
Notice Number: _____
Exp. Date _____



Treasurer: _____

Address: _____

Suburb: _____ **Post Code:** _____

Ph: (H) _____ **(W)** _____ **(Mob)** _____

Email: _____

Signature: _____

Working with Children Check or Federal Police Clearance:
Notice Number: _____
Exp. Date _____

Registrar: _____

Address: _____

Suburb: _____ **Post Code:** _____

Ph: (H) _____ **(W)** _____ **(Mob)** _____

Email: _____

Signature: _____

Working with Children Check or Federal Police Clearance:
Notice Number: _____
Exp. Date _____



Club: Clubsonline Access (1)

Name _____

Address: _____

Suburb: _____ **Post Code:** _____

Ph: (H) _____ **(W)** _____ **(Mob)** _____

**Working with Children Check or
Federal Police Clearance:**

Email: _____ **Notice Number:** _____

Exp. Date _____

Signature: _____

Club: Clubsonline Access (2)

Name: _____

Address: _____

Suburb: _____ **Post Code:** _____

Ph: (H) _____ **(W)** _____ **(Mob)** _____

**Working with Children Check or
Federal Police Clearance:**

Email: _____ **Notice Number:** _____

Exp. Date _____

Signature: _____



Please ensure that Nominated Delegates **MUST** be registered members of SwimmingWA

2009/2010 Annual Club Delegate Name

Address: _____

Suburb: _____ Post Code: _____

Ph: (H) _____ (W) _____ (Mob) _____

Email: _____

**Working with Children Check or
Federal Police Clearance:**
Notice Number: _____
Exp. Date _____

Signature: _____

2009/2010 Annual Club Delegate – Alternate Delegate

Address: _____

Suburb: _____ Post Code: _____

Ph: (H) _____ (W) _____ (Mob) _____

Email: _____

**Working with Children Check or
Federal Clearance**
Notice Number: _____
Exp. Date _____

Signature: _____



** Coach only needs to be named on this form if he/she is part of the committee

Coach: _____	
Address: _____	
Suburb: _____	Post Code: _____
Ph: (H) _____	(W) _____ (Mob) _____
Email: _____	Working with Children Check or Federal Police Clearance:
	Notice Number: _____
	Exp. Date _____
Signature: _____	

Any other Committee Position (State their position title):	

Address: _____	
Suburb: _____	Post Code: _____
Ph: (H) _____	(W) _____ (Mob) _____
Email: _____	Working with Children Check or Federal Police Clearance:
	Notice Number: _____
	Exp. Date _____
Signature: _____	