



Invoice No: _____ (office use only)

2009/2010 Season

First Claim/Second Claim Membership Form

Name: _____ Surname: _____

Registration No: _____

1st Claim Address: _____

Suburb: _____ Post Code: _____

2nd Claim Address: _____

Suburb: _____ Post Code: _____

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

Please attach a copy of a letter from the School to which your child is boarding and/or other documentation to support that your child is residing away from their principal place of residence when making your First Claim/Second Claim Application.

First Claim Club

Club Name: _____

President's Signature: _____

Second Claim Club

Club Name: _____

I have read and understood the SWIMMING WA Policy relating to the First Claim/Second Claim and consider that this claim falls within the Policy Guidelines.

President's Signature: _____

Note: This application is to be accompanied by a fee of \$31.00 (including GST).

Please note that 1st Claim/2nd Claim Membership is not valid until they are signed by the Executive Director of SWIMMING WA or an appointed nominee.

Signed _____ Executive Director Swimming WA

Date of approval: / /

Approved signature: _____