



# Newmarket & District Swimming Club



President: Robert Hicks

**APPLICATION FOR MEMBERSHIP PLEASE RETURN TO :**

**MRS ANNE SPURR  
4, THE SHRUBBERIES  
NEWMARKET  
SUFFOLK  
CB8 8JD  
TELEPHONE: 01638 561022**

**SURNAME** : \_\_\_\_\_ **FORENAME (S)** : \_\_\_\_\_

**ADDRESS** : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**POST CODE** : \_\_\_\_\_ **CONTACT PHONE NO** : \_\_\_\_\_

**DATE OF BIRTH** : \_\_\_\_\_ **MALE**  **FEMALE**

**E.MAIL ADDRESS** : \_\_\_\_\_ **ETHNIC ORIGIN** : \_\_\_\_\_

**MEDICAL FITNESS / DISABLED CATEGORY** :  
Please state any Allergies, recurring/permanent illness or Disability.:  
Also any Declarable Medication:  
(All details will be treated in strictest confidence)

**SWIMMING ABILITY**: CLUB / COUNTY / REGIONAL / NATIONAL  
(Please delete as applicable)

**CONTACT(S) NAME (S)**:  
**MR/MRS / MR & MRS / MS / MISS / OTHER** \_\_\_\_\_

**SIGNATURE** : \_\_\_\_\_ ( PARENT / CARER ) **DATE** : \_\_\_\_\_  
(If under 18 years)

**RELATIONSHIP TO MEMBER**: \_\_\_\_\_  
**NB: Data Protection Act** :Club membership records are kept on a computer “database” for membership administration purposes only, for both NDSC & Forest Heath Saxons. If you *do not* wish to be included on this “database” - please tick box

**WOULD YOU BE PREPARED TO BECOME A:**  
**VOLUNTEER HELPER - OFFICIAL - TEACHER COACH - ADMINISTRATOR**   
( Please tick box and delete as applicable)

**For Club Use Only :**

FEES PAID		FEES PAID DATE :		AMJF PAID	DB	ASA		M / L		WL COC ECF	JS/AS For PB List	ADD DB	NDSC MEM NO.	COPY
STO CHQ CSH	M QTR YR	CHQ CSH				CAT	DB	C	TM	S	R		ASA ID NO.	
		2008 R/R					ASA-F S/RB/S							



**Newmarket Swimming Club**  
**Sponsored by:** 

www.newmarketswimclub.co.uk

Affiliated to the Amateur Swimming Association, Suffolk County & ASA East Region