

# 2019/20 Annual Region Association Affiliation Package

Swimming WA is committed to ensuring all Region Associations are affiliated at the start of the 2019/20 season. If these documents are not returned to Swimming WA, this could result in the Region failing to affiliate for the 2019/20 season.

## Region Details (for all enquiries)

Name of Region

Our AGM is to be / was conducted on     /     /20\_\_

Postal address of Region

Suburb/town

State

Postcode

Region contact name

Contact phone number

Email

## Region Committee Details

Current Committee Member details must be used when filling out his form.

All persons listed on this form must be Members of Swimming WA with the Swimming WA Club Committee Membership and details entered into Club Contacts in the database.

**Working with Children Check: Only those Members on the Committee who do not have children who are Members of the Club, need to supply their Working with Children Check card number and expiry date.**

### President

Name: (Mr / Mrs / Ms / Miss)

Phone

Email

Swimming WA Membership number

**Working with Children Check number**

**Expiry date**     /     /20\_\_

### Vice President

Name: (Mr / Mrs / Ms / Miss)

Phone

Email

Swimming WA Membership number

**Working with Children Check number**

**Expiry date**     /     /20\_\_

### Secretary

Name: (Mr / Mrs / Ms / Miss)

Phone

Email

Swimming WA Membership number

**Working with Children Check number**

**Expiry date**     /     /20\_\_

### Region Committee Details cont.

#### Treasurer

Name: (Mr / Mrs / Ms / Miss)

Phone

Email

Swimming WA Membership number

**Working with Children Check number**

**Expiry date** / /20\_\_

#### Registrar

Name: (Mr / Mrs / Ms / Miss)

Phone

Email

Swimming WA Membership number

**Working with Children Check number**

**Expiry date** / /20\_\_

#### Any other committee position

Name: (Mr / Mrs / Ms / Miss)

Phone

Email

Swimming WA Membership number

**Working with Children Check number**

**Expiry date** / /20\_\_

### Clubs in Region

(please list all Swimming WA affiliated Clubs which reside in your Region's boundaries)


## Declaration

1. **As authorised by the** ..... **Region Association, I acknowledge** that acceptance of this application for Membership to Swimming WA, will operate as an agreement binding upon the Region to abide by all the provisions of the rules, regulations and codes of conduct and governing documents of Swimming WA, and to accept and enforce all its decisions and to be bound by the constitution, rules and by-laws (as amended from time to time) of Swimming WA, Swimming Australia Limited and FINA.
2. **I authorise** Swimming WA to use and disclose to related and relevant bodies any of our Region information that may be necessary to implement the rules, regulations and policies referred to above.
3. **I agree** to have our Region name and contact details published in: official programmes, newsletters and/or websites or other media material that Swimming WA publishes.
4. **I agree** it is a compulsory requirement to have all Metro Club participate in the Club Premierships and a strong emphasis for all Regional Clubs to participate in Country Pennants.
5. **I have provided the information required and signed this form on behalf of my Region Association.** I warrant that all information provided is true and correct.
6. **Swimming WA has a Privacy policy** and that the information that I have provided is necessary for the objectives of Swimming WA. I acknowledge and agree that the information will be disclosed to my Region and Swimming WA and will only be used for the objects of Swimming WA and to provide our Region with Membership services. By registering our Members with Swimming WA we are confirming that Swimming WA have written authority from the Members that they can use their details, publish stories and photos on the Swimming WA website.
7. If the required information is not provided our affiliation application may be rejected.
8. **I have read, understood, acknowledge and agree** to the above declaration. I acknowledge that if our application for affiliation is successful we will be entitled to all benefits, advantages, privileges and services of Swimming WA affiliation.

## Checklist

To ensure your application is processed quickly, please ensure the following information is attached with your application for affiliation:

- Affiliation fee paid - Cheque/money order/credit card/direct deposit
- All outstanding money owed to Swimming WA paid
- All Committee Members are Swimming WA Members
- Membership affiliation forms submitted
- Recent annual report including financial statement attached\*
- Policy Declaration Statement signed

*\*A financial statement shall be provided in writing to the CEO at the time of affiliation or within three months of 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 Region'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.*

## Application

On behalf of the Members and Clubs of the ..... Region Association, I acknowledge that I have read, understood, and agree to the declaration and conditions of affiliation. I warrant that all information provided is true and correct.

We hereby apply for affiliation to Swimming WA for the 2019/2020 season.

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Name

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Position

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Signature

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Date

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**THE REGION ASSOCIATION AFFILIATION FEE IS DUE BY 30 JUNE 2018**  
**A LATE PROCESSING FEE OF \$110 IS PAYABLE FOR FEES PAID AFTER 30 JUNE 2019**

Please complete the section above and return it to;

Membership and Administration Officer

Email: [waswim@wa.swimming.org.au](mailto:waswim@wa.swimming.org.au)

Post: PO Box 205, Leederville WA 6903

Confirmations must be completed and returned with the affiliation fees and forms.

Should you have any questions about this issue or have concerns about the level of compliance of your Region Association with these Policies, please do not hesitate to contact me in the office.

Thank you for your continued support of Swimming in Western Australia.

Sincerely,



**Darren Beazley**

Chief Executive Officer