

Registered SWA Members wishing to transfer first claim membership should use this form. It is the responsibility of the Member to fully complete Section A and to ensure their current Club completes Section B and the proposed Club completes Section C.

Please send the completed form to:
Swimming WA Scan & Email to:
PO Box 205 membership@wa.swimming.org.au
Leederville WA 6903

SECTION A: Member to complete

NAME: _____ DOB: ____ / ____ / ____ AGE: _____ M / F
(circle)

ADDRESS: _____

EMAIL: _____ PHONE: _____

PARENT / GUARDIAN: _____

PRESENT CLUB: _____

PROPOSED CLUB: _____

I am an Annual, Seasonal, General, Individual, Junior Dolphin Member relocating to
_____ (State)

I am a Coach, Technical Official, Club Committee Member, Parent/ Guardian Member
Relocating to
_____ (State)

(Please place an X in the box that reflects your intent)

Terms & Conditions

- Only one (1) transfer between Swimming WA Clubs per calendar year is permitted.
- Clauses 6.3.48-6.3.54 of the Swimming WA By-Laws and Policies articulates the intent of a transfer is to **NOT** foster an environment whereby the principle promotes the adhoc and reactive switch between Clubs. To this end, transfers are not effective until approved by Swimming WA CEO and Membership & Development Manager.
- If the Transfer is denied, the Transfer fee will be refunded. Please ensure you have provided a legible email address to enable contact.
- Swimmers will swim 'Unattached' at meets for the first thirty (30) days after approval of transfer. Should the 'Unattached' period cease between the date of closure of entries to a swim meet and the commencement of that swim meet, the swimmer will still be classified as swimming 'Unattached' and unable to compete in Club relays for their new Club.

I have read the Terms & Conditions of this transfer and the Swimming WA By-Laws and Policies and will abide by any condition/s that result from this application.

NAME: _____ M/SHIP #: _____
(Aus ID number)

SIGN: _____ DATE: _____

PARENT/GUARDIAN: _____ M/SHIP #: _____
(Aus ID number)

SIGN: _____ **DATE:** _____

SECTION B: Current Club to Complete

_____ has no financial obligation to _____ and is free to transfer to the Club of their choice. (Subject to approval of Swimming WA).
(Additional comments on circumstances around this transfer can be provided overleaf).

NAME: _____ **(Club President/Secretary/Registrar)**
(Circle relevant title)

SIGNED: _____ **DATE:** ____ / ____ / ____

SECTION C: (Proposed Interstate Club to complete)

I hereby certify that the _____ Swimming Club is prepared to accept him/her as a financial member of this Club.

NAME: _____ **(Club President/Secretary/Registrar)**
(circle relevant title)

SIGNED: _____ **DATE:** ____ / ____ / ____

Additional Club or Member comments with this transfer request:

SECTION D (Swimming WA approval / denial)

Swimming WA approves the transfer request of this individual as evident by the signatures below.

Approved

Approved with conditions (see below)

Denied

SIGNED: _____ **Grace Schmidt**
(Membership Officer)

DATE: ____ / ____ / ____

SIGNED: _____ **Kirsty Read**
(Membership & Development Manager)

DATE: ____ / ____ / ____

DATABASE UPDATED & COMPLETED BY: _____ **DATE:** ____ / ____ / ____

Conditions attached to this approved transfer: (Office use only)
