

## Application for First and Second Claim Membership

Registered SWA Members wishing to hold First and Second Claim Memberships **must** complete this form. It is the responsibility of the Member or the Parent/Guardian to fully complete Section A and to ensure their First Claim Club completes Section B and the Second Claim Club completes Section C.

Please scan and email the completed form to: [membership@wa.swimming.org.au](mailto:membership@wa.swimming.org.au)

**\* This form is not to be used if you are transferring from one club to another\***

### SECTION A: Member to complete

NAME: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE: \_\_\_\_\_ M / F  
(circle)

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

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT / GUARDIAN: \_\_\_\_\_

FIRST CLAIM CLUB: \_\_\_\_\_

SECOND CLAIM CLUB: \_\_\_\_\_

The application is for an Annual, Seasonal and Junior Member accompanied by the Membership fee of \$44.00

The application is for a Junior Dolphin Member and does not attract a fee.

Payment can be made via Direct Debit to:  
Swimming WA                  Westpac Bank  
BSB# 036-022                  Account# 386308  
Ref: 'Your Surname & SCM'  
**Funds will be held pending approval from SWA**

Date payment was made: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
(DD)      (MM)      (YY)

Reason for Second Claim Club Application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Terms & Conditions (See clause 7 in the Membership Policy)

#### 7.1. First and Second Claim Club Membership

(a) A natural person must be an Individual Member of only one Member Club (First Claim Membership) unless they receive approval to be a Member of a second Member Club in accordance with this section.

(b) A natural person may not be a Member of more than two Member Clubs.

(c) A natural person may be a Member of second Member Club (Second Claim Membership) if they receive approval from the CEO based on the following criteria:

- They are a member of a First Claim Member Club which is located close to their principal place of residence (being where they spend most time overnight)
- They are unable to attend training with their First Claim Member Club because of reasons which could include: – School or work requirements, – The first Claim Clubs training program is interrupted, e.g. temporarily pool shutdowns or resignation of coach
- The First and Second Claim Clubs provide consent, which shall not be unreasonably withheld.

(d) A natural person may only retain as Second Claim Membership as long as the circumstances which justified this Second Claim Membership continue, and must advise the CEO of any such change.

I have read the Terms & Conditions of this request and the Swimming WA Membership Policy and will abide by any condition/s that result from this application.

NAME: \_\_\_\_\_ M/SHIP #: \_\_\_\_\_  
 SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PARENT/GUARDIAN: \_\_\_\_\_ M/SHIP #: \_\_\_\_\_  
 SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

**SECTION B: (First Claim Membership Club to complete)**

\_\_\_\_\_ Is eligible to have a Second Claim Membership, and will represent our club at competitions unless otherwise requested by the member and approved by SWA and us.

NAME: \_\_\_\_\_ (Club President/Secretary/Registrar)  
(circle relevant title)  
 SIGNED: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION C: (Second Claim Membership Club to complete)**

I hereby certify that (subject to the approval of Swimming WA) the \_\_\_\_\_ Swimming Club is prepared to accept him/her as a Second Claim Member. The swimmer will represent their First Claim Club unless requested before each separate meet and SWA and the First Claim Club have approved it.

NAME: \_\_\_\_\_ (Club President/Secretary/Registrar)  
(circle relevant title)  
 SIGNED: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Additional Club or Member comments with this request:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_