

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

Please send the completed form to:Swimming WAScan & Email to:PO Box 205waswim@wa.swimming.org.auLeederville WA 6903

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

SECTION A: Member to complete

NAME:		DOB:	/	/	AGE:	M / F
If the tra	ansferring member is under 18 years old their parent/ sfer of a child under the age of 18 will be processed un	guardian i	s requi	red to c	omplete Section	
ADDRE	SS:					
EMAIL:	1AIL:PHONE:					
PAREN	T / GUARDIAN:					
PRESE	NT CLUB:					
PROPO	SED CLUB:					
	The application is for an Annual, Junior and <u>transfer fee of \$35.00</u>	Seasona	l - acc	ompan	ied by the	
	The application is for an Junior Dolphin Men Parent/Guardian Member and does not attr	-	-		l Official or	
	se place an X in the box that reflects your intent)					
For	interstate transfers please use the interstate t	ransfer :	form.			

Reason for transfer request:		

Terms & Conditions

- Only one (1) transfer between Swimming WA Clubs per calendar year is permitted.
- Clauses 6.3.46 of the Swimming WA By-Laws and Policies articulates the intent of a transfer is to <u>NOT</u> 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 Performance & 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 <u>condition/s that result from this application.</u>

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



<u>SECTION B:</u> Parent/Guardian contact i	information- If member is under 18 please complete		
PARENT/GUARDIAN NAME <u>:</u>	DOB: / / AGE: M / F (circle)		
ADDRESS:			
EMAIL:	PHONE:		
PRESENT CLUB:			
PROPOSED CLUB:			
NAME:	M/SHIP #:		
SIGN:	DATE:		
<u>SECTION C:</u> (Current Club to complete	2)		
	has no financial obligation to		
around this transfer can be provided ov	neir choice. (Additional comments on circumstances verleaf). By signing below, you are agreeing that if the transfere ardian also have no financial obligation to your Club.		
NAME:	(Club President/Secretary/Registrar)		
	(circle relevant title)		
SIGNED:	DATE:/ /		
<u>SECTION D:</u> (Proposed Club to comple	te)		
I hereby certify that (subject to the ap	proval of Swimming WA) the		
Swimming Club is prepared to accept h	him/her as a financial member of this Club. By signing below, is under the age of 18, you also accept their parent/guardian		
into your Club.			
NAME:	· · · · · · · · · · · · · · · · · · ·		
SIGNED:	(circle relevant title) DATE: /		
516NLD			
Additional Club or Member comments	with this transfer request:		



<u>SECTION E:</u> (Swimming WA	approval / denial)	
Swimming WA approves the	e transfer request of this individual as evide	ent by the signatures below.
Approved	Approved with conditions (see below)	Denied
SIGNED:	Georgi Powers	DATE: //
(Club Service	es Officer)	
SIGNED:	Carolyn Morrison	DATE://
(GM Perforn	nance and People)	
DATABASE UPDATED & C	OMPLETED <u>BY:</u>	DATE:/
Conditions attached to thi	s approved transfer: (Office use only)	