

**CLUB (Name in Full)** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
POSTCODE \_\_\_\_\_

**CLUB WEBSITE :** \_\_\_\_\_

**CLUB EMAIL :** \_\_\_\_\_

**HEADQUARTERS:** \_\_\_\_\_

**Pool Address:** \_\_\_\_\_  
POSTCODE \_\_\_\_\_

<b>POOL TYPE</b>	25 M	50 M	INDOOR	25 M	50 M
	LANES	LANES	OUTDOOR	25 M	50 M

<b>CLUB TIME TRIALS</b>	<b>SUMMER</b>	<b>WINTER</b>
<b>Club Time Trials are approved Yearly as part of this affiliation</b>	DAY: _____	DAY: _____
	TIME: _____	TIME: _____
	VENUE: _____	VENUE: _____
	_____	_____

**CLUB EXECUTIVES**

	<b>PRESIDENT</b>	<b>SECRETARY</b>
<b>NAME:</b>	_____	_____
<b>HOME ADDRESS (Optional)</b>	_____	_____
<b>CONTACTS</b>	HOME _____	_____
	BUSINESS _____	_____
	MOBILE _____	_____
	FAX _____	_____
<b>EMAIL ADDRESS</b>	_____	_____

	<b>TREASURER</b>	<b>RACE SECRETARY</b>
<b>NAME:</b>	_____	_____
<b>HOME ADDRESS (Optional)</b>	_____	_____
<b>CONTACTS</b>	HOME _____	_____
	BUSINESS _____	_____
	MOBILE _____	_____
	FAX _____	_____
<b>EMAIL ADDRESS</b>	_____	_____

**NOTE: CLUB ADDRESS & EMAIL, INCLUDING NAME AND CONTACT DETAILS OF SECRETARY & RACE SECRETARY WILL BE ADVERTISED ON AREA WEBSITE UNLESS REQUESTED OTHERWISE**

	<b>CLUB MEETINGS</b>		<b>CLUB AGM</b>
<b>DAY</b>	_____		_____
<b>VENUE</b>	_____		_____
<b>TIME</b>	_____		_____

website link to be inserted

**CLUB** (Name in Full) \_\_\_\_\_

**DELEGATES (2 Maximum Voting, 2 Minimum noted)**

NAME	_____	_____	_____
CONTACT	_____	_____	_____
EMAIL	_____	_____	_____
NAME	_____	_____	_____
CONTACT	_____	_____	_____
EMAIL	_____	_____	_____

**PROXY DELEGATES (2 minimum, to replace Delegate if needed)**

NAME	_____	_____	_____
CONTACT	_____	_____	_____
EMAIL	_____	_____	_____

**COACHES AT CLUB**

NAME	HEAD COACH _____	ASS COACH _____
CONTACT	_____	_____
EMAIL	_____	_____

**NOTES**

**MSW AFFILIATION FORM & PAYMENT (Pgs 1 & 2) ARE TO BE RETURNED TO  
AREA SECRETARY (secretary@metrosw.org.au) BY  
31 MARCH 2020, WITH PAYMENT OF \$ 100.00**

**CHECK WITH SECRETARY FOR PAYMENT OPTIONS  
ALL AREA CLUBS MUST BE REGISTERED WITH SNSW  
(payment proof required)**

**TO BE AFFILIATED IN THE AREA**

Current Club Executives are to be noted on forms,  
when new CLUB AGM held, an update must be sent to SMSW, with changes.

Club agrees to permit the Area to display unidentified photos or videos  
(NO NAMES / AGES / ADDRESS) of any Area Swimmer,  
in Area Website and Area Presentation.

**INDIVIDUALS / CLUBS CAN NOTIFY AREA TO REVOKE THIS PERMISSION**

Clubs agree to assist MSW at any AREA Swim Meet, including supply of Technical Officials.  
Clubs will be required to confirm hosting of Area Swim Meets, when scheduled.

<b>SMSW USE ONLY - BY SECRETARY</b>  THIS IS THE INVOICE OF THE AFFILIATION AS WELL AS THE RECEIPT	<b>AFFILIATION FORM RECEIVED:</b> THESE FORMS ARE THE AFFILIATION INVOICE \$ 100.00 FOR 2020 - 2021 PAYMENT S CAN BE MADE BY DIRECT DEBIT - CLUB TO REQUEST BANK DETAILS FROM MSW SECRETARY	DATE: _____	
		DATE: _____	AMNT: _____
		BANK: _____	CH / MO _____
		BSB _____	ACC _____
	<b>AFFILIATION TO SNSW CHECKED</b>	Y / N _____	DATE: _____

website link to be inserted