

Application for Transfer 2017/18 Season



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 WA Scan & Email to:

PO Box 205 waswim@wa.swimming.org.au

Leederville 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

SECTIO	N A: Member to complete							
If the tra No trans	nsferring member is under 18 years old thei fer of a child under the age of 18 will be pro	r parent/guardian i cessed unless Sectio	s requir on B is c	ed to co	omplete Section	M / F on B of this form.		
EMAIL:	EMAIL: PHONE:							
PAREN	Γ / GUARDIAN:							
PRESEN	IT CLUB:							
PROPOS	SED CLUB:							
0	The application is for an Annual, Ju		Junior	Dolph	in Member ·			
0	accompanied by the <u>transfer fee of \$35.00</u> The application is for a Coach, Technical Official or Parent/Guardian Member and does not attract a transfer fee.							
	e place an X in the box that reflects your intent) nterstate transfers please use the int		form.					
Reason	for transfer request:							
		ms & Conditions						
□ C w	 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 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 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.							
ce cl ave read the	wimmers will swim 'Unattached' at meets for the first to ease between the date of closure of entries to a swim ro assified as swimming 'Unattached' and unable to composite as the Swimming tresult from this application.	meet and the commence ete in Club relays for the	ement of t eir new C	that swim lub.	n meet, the swimr			
NAME:_		M/SH	P #:					
SIGN:		DATE	DATE:					
PARENT	r/GUARDIAN:	M/SH	M/SHIP #:					
SIGN:		DATE	•					



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NAME:	DOB: / / AGE:	M / F (circle)				
ADDRESS:						
EMAIL:	PHONE:					
PARENT / GUARDIAN:						
PRESENT CLUB:						
PROPOSED CLUB:						
NAME:	M/SHIP #:					
SIGN:	DATE:					
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SECTION E: (Swimming W. Swimming W. Approved	A approval / denial) The transfer request of this individual as evid Approved with conditions (see below)	ent by the signatures below. Denied
SIGNED:(Performance & De	evelopment Manager)	DATE://
SIGNED <u>:</u> (Chief Execu	Darren Beazley utive Officer)	DATE://
DATABASE UPDATED & C	DATE://	
Conditions attached to th	is approved transfer: (Office use only)	