



**NON – COMPETITIVE MEMBERSHIP FORM**

**SEASON: 2008/2009**

**For Officials, Coaches, Administrators, Parents etc.**

I would like to become a Non-Competitive Member of the Waves Swimming Club Incorporated at the rate of \$10.00 per person per annum.

**LAST NAME:**.....

**FIRST NAME:**.....

**MIDDLE NAME OR INITIAL:**.....

**DATE OF BIRTH:**.....

**ADDRESS:**.....

.....

.....

**TELEPHONE:**.....

**MOBILE:**.....

**EMAIL ADDRESS:**.....

**SIGNED:**.....

