

Bahamas

SWIMMING FEDERATION

INDIVIDUAL MEMBERSHIP APPLICATION FORM

(Please print. Complete Parts A and B and submit completed Form with Membership Fee to BSF at address below)

Part A APPLICANT INFORMATION

SURNAME _____ FIRST NAME _____

MAILING ADDRESS _____

HOME PHONE: _____ WORK PHONE: _____

FAX: _____ E-MAIL ADDRESS: _____

EMPLOYER: _____ OCCUPATION: _____

BIRTHPLACE: _____ BIRTH DATE: _____

CLUB AFFILIATION - YES NO CLUB NAME: _____

AQUATIC DISCIPLINE - (1) Springboard Platform Diving (2) Swimming (3) Synchronized Swimming

(4) Water Polo (5) Open Water Swimming (6) Masters Swimming

Part B OFFICIATING INFORMATION

REQUIRED INFORMATION (Individual Member **MUST** select ONE or more positions)

REFEREE STARTER STROKE TURN JUDGE DECK MARSHAL
 MEET COMPUTER RECORDER CHIEF TIMING JUDGE CHIEF TIMER MEET DIRECTOR
 ANNOUNCER PROCESSING CLERK OF COURSE POOL FACILITY SET-UP MEET ENTRY

OPTIONAL INFORMATION (Individual Member may select one or more areas)

BSF NEWSLETTER BSF CLUB PUBLICITY BSF WEB SITE SECRETARIAL
 BSF CLUB RELATIONS BSF NATIONAL TEAM FUNDRAISING BSF RECORDS STATISTICS
 OTHER (Please specify): _____

DECLARATION

I am a (a) CITIZEN (b) PERMANENT RESIDENT of The Bahamas. I confirm that I am not less than 18 years old. I agree to abide by the Rules and Regulations of The Bahamas Swimming Federation and I submit herewith the Annual Individual Membership Fee (\$525.00).

* _____ Date: _____
 Applicant's Signature

Part C FOR INTERNAL BSF USE ONLY

For the year 1st January to 31st December _____

Fee paid? YES NO Paid by CASH CHEQUE MONEY ORDER Application ACCEPTED REJECTED

Secretary - BSF _____ Date of Council Meeting: _____

Part C DETACH & RETURN TO APPLICANT

For the year 1st January to 31st December _____

Fee paid? YES NO Paid by CASH CHEQUE MONEY ORDER Application ACCEPTED REJECTED

Date of Council Meeting _____

Secretary - BSF _____

Name of Applicant _____

P.O. Box SS 6166 Nassau, Bahamas Affiliated to the - F.I.N.A. C.C.C.A.N. B.O.A.