

PLYMOUTH PISCES
Swimming Club for the Disabled
President: The Lord Mayor

Registered Charity No: 801261

ASSOCIATED MEMBERSHIP APPLICATION

PLEASE INCLUDE DETAILS OF ALL CARERS/FAMILY REQUESTING MEMBERSHIP

WE ARE APPLYING TO BECOME ASSOCIATE MEMBERS OF PLYMOUTH PISCES SWIMMING CLUB FOR THE DISABLED.

WE WILL BE ATTENDING PISCES SESSIONS WITH.....

NAME..... DATE OF BIRTH (IF UNDER 18).....

ADDRESS

.....POST CODE.....

TELEPHONE (IF DIFFERENT FROM FULL MEMBER).....Mobile Number.....

Email address.....

I CONFIRM THAT I HAVE NO CONVICTIONS INVOLVING THE HARMING OF OTHERS.

Signed (Applicant or Parent/Guardian).....

NAME..... DATE OF BIRTH (IF UNDER 18).....

ADDRESSPOST CODE.....

TELEPHONE(IF DIFFERENT FROM FULL MEMBER)..... MOBILE.....

EMAIL ADDRESS.....

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Signed (Applicant or Parent/Guardian).....

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Signed (Applicant or Parent/Guardian).....

NAME..... DATE OF BIRTH (IF UNDER 18).....

WE RESPECTIVELY REQUEST THAT THERE ARE A MAXIMUM OF FIVE ASSOCIATE MEMBERS WITH ANY FULL MEMBER AT ANY ONE SESSION.

DATA PTOTECTION ACT

The club will not divulge any of the information on this form to any third party, with the exception of the Plymouth Life Centre who require your name and address for their records.