



MEMBERSHIP DETAILS (TO BE COMPLETED ANNUALLY)

It is important that we keep our records up to date. Could you please complete and send to haverlingdolphins@gmail.com or alternatively pass to the Club Secretary.

ABOUT MEMBER	
SURNAME:	
FIRST NAME:	
ADDRESS:	
POSTCODE:	
MALE/FEMALE:	
DATE OF BIRTH:	
AGE:	
ASA MEMBERSHIP NUMBER:	
(* NEED TO REGISTER IF NO NUMBER):	
TYPE OF MEMBERSHIP:	
TELEPHONE NO IF APPLICABLE:	
MOBILE NO IF APPLICABLE:	
EMAIL ADDRESS IF APPLICABLE:	
EMERGENCY CONTACT NAME:	
EMERGENCY CONTACT NO:	
ABOUT PARENT/GUARDIAN (1)	
SURNAME:	
FIRST NAME:	
ADDRESS:	
POSTCODE:	
TELEPHONE NO:	
MOBILE NO:	
EMAIL ADDRESS:	
ABOUT PARENT/GUARDIAN (2)	
SURNAME:	
FIRST NAME:	
ADDRESS:	
POSTCODE:	
TELEPHONE NO:	
MOBILE NO:	
EMAIL ADDRESS:	