

British Swimming



Supporters Club

TITLE:	MISS / MR / MRS / MS / OTHER (PLEASE STATE):	
NAME:		
DOB:		
ADDRESS:		
POSTCODE:		
GENDER (please tick):	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
PHONE NUMBERS:	MOBILE:	HOME:
EMAIL ADDRESS:		

MEMBERSHIP OPTIONS (please tick one)

- Standard (Free) membership
- Deluxe Membership £12 per year

PAYMENT OPTIONS (please tick one)

- Cheque (Please make cheques payable to 'British Swimming Ltd')
- Credit / Debit Card



CARD DETAILS

Switch-Maestro/ MasterCard/ Visa (Please delete as appropriate)

Please print clearly

Card Number

Start Date / **Expiry Date** /

Issue Number

Last 3 digits on signature strip

We also require the name and address of the CARD HOLDER

Full Name: _____

Address _____

Postcode _____

Day time contact number _____

If receipt of payment is required, please enclose a SAE. Please note an administration charge of 50p per transaction will be added if paying by credit /debit card. Payment can take up to 10 days to be processed.

Data Protection:

The ASA/British Swimming will use your personal data for the purpose of your participation in the British Swimming Supporters Club. By submitting this form, you are consenting to receiving information about the British Swimming Supporters Club by post, email, SMS/ MMS, online or phone unless stated otherwise.

Opt outs: You have the right to refuse direct marketing and can do so by ticking the relevant box(es) below.

Consent: I am consenting to receiving information about the ASA/British Swimming initiatives from the ASA/British Swimming and their commercial partners by post, email, SMS/MMS, online or phone unless I tell you otherwise.

- No thank you, I don't want British Swimming/the ASA to send me details of products and services
- No thank you, I don't want British Swimming/the ASA to send me details of events
- No thank you, I don't want British Swimming/the ASA to send me details from British Swimming/the ASA's commercial partners

Signed: _____ **Date:** _____

If you are under 18, your parent / guardian must countersign below:

Signed (parent/guardian): _____ **Date:** _____