



APPLICATION FORM
for MEMBERSHIP of the
INTERNATIONAL SWIM SCHOOLS ASSOCIATION
FOR ASSA MEMBERS
for 12 months from processing

If you are wishing to apply for Membership for multiple sites, you can attach a spreadsheet, ensuring you include the below information. Please note the second page of this document, i.e. Tax Invoice needs only to be completed once.

1. Swim School

- (a) Swim School Name: _____
- (b) Pool Name: (If different to Swim School name) _____
- (c) Physical Address: _____
_____ Post Code: _____
- (d) Postal Address: _____ Country: _____
_____ Post Code: _____
- (e) Telephone: () _____ Country: _____
- (f) Email: _____
- (g) Website Address: _____
- (h) Government authority – The Centre has approval to operate as a Swim School by the relevant authority (eg local Council): Yes No

1. Nominee (best contact person)

- (a) Name: _____
(First Name) (Last Name)
- (b) Telephone: _____
(Mobile)
- (c) Date of Birth: _____
DD/MM/YEAR
- This will be kept confidential and is only used to register as a Cracker Swim Schools Member User

Signature: _____ Date: _____

