



APPLICATION FORM
for MEMBERSHIP of the
INTERNATIONAL SWIM SCHOOLS ASSOCIATION
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. 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: _____

