|  |  |
| --- | --- |
| nmo | **City of Newport Swimming****& Water Polo Club** |

Dear Swim Club Member

Re: Annual Swim Wales Membership - April 2013 to March 2014.

The Annual Fees for Swim Wales Membership are now due. It is very important that the fees are paid on time as failure to do so will invalidate the insurance for that member.

**Cat 1 will be £28.00 and Cat 2 will be £30.00 and Cat 4 over 70 will be £29.00**

**Cat 1 – Member under 10 (born on or after the 01/04/03)**

**Cat 2 – Member (born on or before the 31/03/03)**

Please ensure that you send a cheque, made payable to City of Newport Swimming Club, to arrive **no later than the 15th March 2013**, clearly marked on the back with the member’s name, date of birth & Swim Wales Number with the information slip to:-

Membership Secretary

Newport Swimming & Water Polo Club

Pembroke House

Manor Road

Newport NP11 6JZ

**Please note that we will not accept or take responsibility for payment passed via any of the coaches**

Please note that our bank charges us £6.00 for every cheque that is not honoured. We will pass this cost on to any member incurring this cost and require full payment in cash in order to proceed with registration.

Please ensure that you renew in time or you will not be able to enter the pool and will be removed from the register. We will also take this opportunity to check all the details held on the system so that we can maintain accurate records. **It is imperative that we maintain accurate records** as in the case of emergencies we will use these details to make contact with parents/guardians. **Do not assume we have the correct details.**

We look forward to renewing your membership and look forward to another successful year in the Club.

Yours sincerely

Dee Thomas

Treasurer - City of Newport Swimming & Water Polo Club

✂……………………………………………………………………………………………………….

**Please complete all details**

Name………………………………………………........ D.O.B. …………………………..

Address………………………………………………… WASA No. ……………………..

…………………………………………………………. Amount Paid. …………………...

………………………………………………………….

Post Code………………………………………………

Mobile Number…………………………..… Email Address…………………………………………

Medical Conditions……………………………………………………………………………………..

…………………………………………………………………………………………………………..