

REGIONAL and INTER-REGIONAL TRANSFER FORM

SWIMMING WELLINGTON

SNZ DATABASE MEMBER NUMBER: _____

Application for Transfer

Date: _____

I,HEREBY APPLY

D.O.B. _____

Registration Number _____ Email _____

To transfer FROMCLUB

TOCLUB

If this transfer is successful my parents and
will also be transferring club. **(this only applies if parents have been registered with WN/SNZ)**

PARENT (1) SNZ MEMBERSHIP NO. _____ PARENT (2) SNZ MEMBERSHIP NO. _____

.....
Member or a Parent or
Caregiver of the Member

Date / /

I confirm that the above applicant is

1. I'm financial indebted to my club [Yes if you owe money / NO if you do not] Yes/ No
2. is a financial member for this current membership year Yes/No
if No - membership lapsed inyear

.....
Treasurer of Transferring Club

Date / /

The Club
Accepts the above applicant to membership and
acknowledges receipt of their best times for our records.

.....
Secretary or other Officer of
receiving Club

Date / /

NOTE: This form duly completed shall take effect from the date of its acceptance by the receiving Club. The receiving club shall forward a copy of the completed form to:

The **Operations Manager**
P O Box 38 245
Wellington Mail Centre 5012

Regional sign off: _____

SNZ Database: Completion date: _____