

asctaMEMBERSHIP / INSURANCE APPLICATION 2016/2017

STEP ONE: What are your circumstances in joining ASCTA?

<input type="checkbox"/> Renewing Member	<input type="checkbox"/> New Member joining for the first time
<input type="checkbox"/> RCC applicant or newly accredited	<input type="checkbox"/> Former Member renewing Membership
<input type="checkbox"/> Life Member (ASCTA or ascta BRANCH)	<input type="checkbox"/> Unsure

ASCTA ID Number (If known):

STEP TWO: Please provide your details

First Name: Date of Birth: / /

Last Name: Gender: M F

Address:

Suburb / Town / City: Postcode:

Country (If not Australia):

Business Phone: Mobile: After Hours:

Email: Entity:

STEP THREE: Please tick your current accreditations (tick all that apply)

Note: If none apply, you must join as an **Associate Member**

Coaching Bronze Silver Gold Platinum
 Coaching Swimmers with Disability Coaching Open Water Swimmers Masters

Teaching Swim Australia™ Teacher (SAT) SAT Babies and Toddlers SAT Learners with Disability
 SAT Competitive Swimming SAT Adolescents and Adults

Presenting ASCTA Approved Course Presenter / Course Administrator (Renewing evidence attached)
Note: If your four yearly accreditation expiration date is during the membership year, please consider updating at the same time as you renew your membership. You will receive four years renewal from the date of expiry, and guarantee continual accreditation. Go to www.ascta.com to download the relevant Accreditation Update form.

Optional (Must supply certified evidence to have these appear on Membership Card) CPR / First Aid Other Swimming and water safety Teacher accreditation

STEP FOUR: Select ONE Membership type

Please note that ongoing Coach accreditation is reliant on the Coach maintaining yearly ASCTA General or Premium membership. (Premium, General and Basic Members must provide a copy of a current Working With Children Check.)

Australia:	<input type="checkbox"/> Premium (\$245)	<input type="checkbox"/> Life Member	<input type="checkbox"/> General (\$95)	<input type="checkbox"/> Basic (\$45)
	<input type="checkbox"/> Associate Ultimate (\$245)	<input type="checkbox"/> Associate Plus (\$95)	<input type="checkbox"/> Associate (\$45)	
Asia Pacific:	<input type="checkbox"/> Associate Ultimate (\$260)	<input type="checkbox"/> Associate Plus (\$110)	<input type="checkbox"/> Associate (\$45)	
Rest of World:	<input type="checkbox"/> Associate Ultimate (\$270)	<input type="checkbox"/> Associate Plus (\$120)	<input type="checkbox"/> Associate (\$45)	

STEP FIVE: Do you require Insurance?

No - Go to Step Six

Yes - Read the attached insurance information, answer the Claims Declaration, indicate your Coaching or Teaching circumstance below, then choose an Insurance Option.

Claims Declaration: Have you made any claims against any Insurance Company for the insurances now proposed in the past five years, or are you aware of any incident(s) that could give rise to a claim whether insured or not?

No - Please continue

Yes - Please contact **ascta**INSURANCE Brokers on **1300 305 575** for further assessment of your needs

I am: One of the following; A Sole Trader or Contractor earning over \$55 000 per year (inc GST), or an Individual employing others, or a Company, or a Partnership, or an Entity. Please contact our dedicated **ascta**INSURANCE Help Desk on **1300 305 575** for a quote specific to your needs.

An employee or volunteer (includes up to 15 hours of contracting per year) and I choose one of the two options below.

<input type="checkbox"/> \$100.00	Public / Pollution / Products Liability \$20 000 000, Professional Indemnity \$10 000 000
<input type="checkbox"/> \$82.00	Public / Pollution / Products Liability \$10 000 000, Professional Indemnity \$10 000 000

A Sole Trader / Contractor not employing any other person, and earning less than \$55 000 per year (inc GST) and I choose one of the two options below.

<input type="checkbox"/> \$180.00	Public / Pollution / Products Liability \$20 000 000, Professional Indemnity \$10 000 000
<input type="checkbox"/> \$160.00	Public / Pollution / Products Liability \$10 000 000, Professional Indemnity \$10 000 000

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STEP SIX: Declarations

I, the afore named person applying for ASCTA Membership and/or Insurance, declare as follows:

1. Child Welfare Declaration: ASCTA is a Member Association of Swimming Australia Limited (SAL). Each member of ASCTA also becomes a member of SAL. It is a requirement of SAL's Child Welfare Policy that members who work, coach, supervise or have regular unsupervised contact with people under the age of 18 years give the following declaration.

- (a) I do not have any criminal charge pending before the courts.
- (b) I do not have any criminal convictions or findings of guilt for sexual offences, offences related to children or acts of violence.
- (c) I have not had any disciplinary proceedings brought against me by an employer, sporting organisation or similar body involving child abuse, sexual misconduct or harassment, other forms of harassment or acts of violence.
- (d) I am not currently serving a sanction for an anti-doping rule violation under an ASADA approved anti-doping policy applicable to me.
- (e) I will not participate in, facilitate or encourage any practice prohibited by the World Anti-Doping Agency Code or any other ASADA approved anti-doping policy applicable to me.
- (f) To my knowledge there is no other matter that ASCTA may consider constitutes a risk to its members, employees, volunteers, athletes or reputation by accepting me as a member of ASCTA.
- (g) I will at all times comply with any working with children legislative requirements that may apply to me. A copy of a valid working with children check or a current nationwide criminal history check must be provided.
- (h) I will notify the CEO of ASCTA immediately on becoming aware that any of the matters set out in the above paragraphs have changed.

2. Personal Information Consent: ASCTA may collect personal information about its members from various sources. In order to properly conduct its operations and fulfil its objects, ASCTA may need to store, use and disclose that personal information – for example, ASCTA will disclose each member's personal details to SAL, so SAL can keep a register of its members.

- (a) The information provided by me in this membership application form is true and correct.
- (b) I consent to the collection, storage, use and disclosure of my personal information by ASCTA for administration and disciplinary purposes, including for the purposes of assessing my membership application (current and future), and for promotional, marketing, publicity, research and profiling purposes.

3. Compliance with the ASCTA Code of Conduct and Swimming Australia Limited (SAL) policies: Each member is bound by the ASCTA constitution and by-laws. On becoming a member of the ASCTA, each member also becomes a member of SAL, and accordingly must comply with all policies of SAL (SAL's Policies) including but not limited to SAL's General Behavioural Guidelines, Member Welfare Policy and Child Welfare Policy. I acknowledge and agree that I have:

(a) read, understood and agree to comply with the ASCTA constitution and by-laws, including but not limited to the ASCTA Code of Conduct (all available at www.ascta.com) and the SAL Constitution;

(b) read, understood and agree to comply with and be bound by all SAL's Policies, including but not limited to SAL's General Behavioural Guidelines, Member Welfare Policy and Child Welfare Policy (copies of which are available at www.ascta.com). Further, and in addition to any rights SAL have under the SAL Policies (including it having a right to administer, apply and otherwise enforce the SAL Policies against me in the event I breach them), I further agree that any State Association shall have the power to administer, apply and enforce the SAL Policies as required.

4. Insurance: If a member has selected an insurance option it is important that the member read and understand the policy.

- (a) If I have selected the insurance option, I understand how to access and read the policy wording and the eligibility criteria. I understand that my policy will expire on 30 June 2017 and it will not automatically be renewed.

Applicant Details (Parent or Guardian to sign for prospective members under the age of 18 years)

Name:

Signature:

Date:

 / /

With respect to Basic, General or Premium Membership, I have attached a copy of a Working with Children Check

STEP SEVEN: Payment Options

- By Internet Pay Online! Simply visit **www.ascta.com** and click on the Members' Portal link on the home page. Follow the step by step instructions, including uploading a copy of your current Working With Children Check.
- By Mail Send your completed membership application with credit card payment details, cheque, money order or bank transfer details attached, to: **ASCTA PO Box 158 Beerwah QLD 4519**
Bank: ANZ BSB: 014 - 507 Account: 4015 89717. Please include name and Member ID when depositing Bank Transfer
- By Fax Fax your completed membership application with credit card payment details to **07 5494 6255**
- By Email Email your completed membership application with credit card payment details to **membership@ascta.com**

Please note, Membership processing is not accepted over the phone.

Cheque

Money Order

Visa Card

MasterCard

asctaCARES
DONATION

SUB-TOTAL
MEMBERSHIP

SUB-TOTAL
INSURANCE

TOTAL
YEARLY

Equal monthly payments for Premium/Ulimate members only (minimum 12 months). Monthly Payment prices can be found on Page 8 of the Membership booklet.

Pay in full for:

 1 Year 2 Years 3 Years 4 Years

TOTAL PAYABLE

Card Number:

Expiry Date:

 /

CCV:

Card Holder's Name:

Signature:

Date:

 / /