

MEMBERSHIP APPLICATION

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| Current Status Tick 1 | |
| <input type="checkbox"/> Renewing Member | <input type="checkbox"/> New Member joining for the first time |
| <input type="checkbox"/> Life Member (ASCTA or ascta Branch) | <input type="checkbox"/> Former Member renewing Membership |
| <input type="checkbox"/> Unsure | ASCTA ID Number (If known) _____ |

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|-------------------------|----------|---|
| Personal Details | | |
| First Name | DOB | |
| Last Name | Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Street Address | | |
| Suburb, Town or City | Postcode | Country |
| Mobile | Phone | |
| Email | | |

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| Type of Membership <i>Note: Ongoing coach accreditation requires continuous annual ASCTA general or premium membership</i> | | | |
| <input type="checkbox"/> Premium (\$249.92) | <input type="checkbox"/> General (\$98.76) | <input type="checkbox"/> Associate (\$132.48) | <input type="checkbox"/> Associate Plus (\$283.66) |
| <input type="checkbox"/> Insurance Sole Trader \$167.84 | <input type="checkbox"/> Insurance Employee/Volunteer \$99.10 | <i>See terms and conditions on page 2</i> | |

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| Declarations General and Premium members must attach a copy of a current Working with Children Check <input type="checkbox"/> |
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|---|--------------------------------------|--|--------------------------------|
| Payment | | | |
| Pay Online at swimcentral.swimming.org.au | | By Mail Send application with bank transfer details, or enclose cheque or money order to: ASCTA PO Box 158 Beerwah QLD 4519 Bank: ANZ BSB: 014 507 Account: 4015 89717 <i>Please include your name as payment reference.</i> | |
| Bank Transfer Bank: ANZ BSB: 014 507 Account: 4015 89717 then email application to membership@ascta.com <i>Please include your name as payment reference.</i> | | Paysmart Email application to membership@ascta.com Complete the Paysmart application form – monthly payments will come from your credit card or bank account. | |
| <input type="checkbox"/> Cheque | <input type="checkbox"/> Money Order | <input type="checkbox"/> On-line payment | <input type="checkbox"/> Other |
| MEMBERSHIP FEE | \$ | Pay by monthly payments <input type="checkbox"/> Minimum 12 months membership only | |
| asctaCARES DONATION | \$ | | |
| INSURANCE PREMIUM (1 year only) | \$ | | |
| ANNUAL TOTAL | \$ | | |

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| Applicant Details (Parent or Guardian to sign for applicants under the age of 18 years). | |
| Name _____ | Signature _____ |
| Date _____ | I agree with Terms & Conditions as per page 2 <input type="checkbox"/> |

Terms and Conditions of Purchase

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 Safe Sport Framework that members who work, coach, supervise or have regular unsupervised contact with people under the age of 18 years give the following declaration:

1. I do not have any criminal charge pending before the courts.
2. I do not have any criminal convictions or findings of guilt for sexual offences, offences related to children or acts of violence.
3. 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.
4. I am not currently serving a sanction for an anti-doping rule violation under an ASADA approved anti-doping policy applicable to me.
5. 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.
6. 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.
7. 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.
8. 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.

1. The information provided by me in this membership application form is true and correct.
2. 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 SAL policies:

Each member is bound by the ASCTA constitution and by-laws. Each member also becomes a member of SAL, and must comply with SAL's General Behavioural Guidelines, Member Welfare Policy and Child Welfare Policy

1. I have read, understood and agree to comply with the ASCTA constitution and by-laws, including the ASCTA Code of Conduct (available at www.ascta.com).
2. I have read, understood and agree to comply with all policies of Swimming Australia Limited, including General Behavioural Guidelines and Safe Sport Framework (available at www.ascta.com).

4. Insurance Terms and Conditions:

If you have selected an insurance option, it is important that you read and understand the policy.

Insurance Coverage and applicable Excess:

As a Summary, your insurance Policy includes the following coverage and Limits:

1. \$20,000,000 Public and Products Liability
2. \$20,000,000 Advertising Liability
3. \$10,000,000 Professional Indemnity
4. \$250,000 Property in Care, Custody and Control
5. \$100,000 Legal Costs and Expenses

Your insurance Policy includes \$0 Excess applicable to all claims.

Please refer to <http://www.swimaustralia.org.au/AIA-PDS.pdf> for our Product Disclosure Statement.

Insurance Premiums:

All insurance premiums applicable to this Application and Policy are as follows:

| Membership Type | Base Premium | Stamp Duty | GST | Total Premium |
|------------------------|--------------|------------|---------|---------------|
| Student | \$ - | \$ - | \$ - | \$ - |
| Employee/Volunteer | \$82.66 | \$7.43 | \$9.01 | \$99.00 |
| Sole Trader/Contractor | \$139.98 | \$12.60 | \$15.26 | \$167.84 |

Insurance Categories are defined as:

6. A Student is defined as a person who has enrolled in a SAL accreditation course and is not earning a wage/reward.
7. An Employee is a person who is accredited by SAL and is currently working with an Employer. The Employee can work any number of hours per week/month and their earring capacity is unrestricted.
8. A Volunteer is a person who is accredited by SAL and is providing their services to a Swim Coach/Teacher and/or Swim School for no reward. A volunteer can only provide their services to a maximum of 20 hours per month.
9. A Sole Trader is a person who is not a Student, Employee and/or Volunteer and one who has a current ABN. A Sole Trader has no restriction on hours provided but one that can only earn up to \$65,000 (including GST) per annum. A Sole Trader does not have any Employees and/or Contractors but can have Students and/or Volunteers working with/for them.
10. A Contractor is a person who is not a Student, Employee and/or Volunteer and one who has a current ABN. A Contractor has no restriction on hours provided but one that can only earn up to \$65,000 (including GST) per annum. A Contractor is providing their services to a Swim School on a contract basis. A Contractor does not have any Employees and/or Sole Traders but can have Students and/or Volunteers working with/for them

If you are a Sole Trader or Contractor who earns more than \$65,000 (including GST) per annum, please contact Association Insurance Australia (AIA) by calling 1800 277 624 or emailing info@associationia.com.au

Duty of Disclosure:

Your Duty of Disclosure requires you to tell us of any information that may affect our decision to insure you. If you do not tell us about any information which may be relevant to us accepting this insurance, this may result in the refusal or reduction of claim or the cancellation of the Policy. Please confirm the following statements are true and correct:

11. In the past 10 years I, nor any Insured person/business/corporation/director, have not had any insurer decline any proposal from inception or decline any claim, cancelled or refused to renew a policy or imposed special conditions.
12. In the past 10 years I nor any Insured person/business/corporation/director have not been declared bankrupt and have not been involved in any form of insolvency administration.
13. In the past 10 years I nor any Insured person/business/corporation/director have not been convicted or have charges pending for any criminal offence, including arson or involving dishonesty of any kind.
14. I have never had a non-motor vehicle loss, whether insured or not, in excess of \$20,000.
15. I authorise AIA to give to, or obtain from, other insurers or any reference service, any information relating to insurance held by myself or any claim in relation thereto.
16. I am not aware of any matter, not covered above that may be relevant to the insurers decision whether to insure you.

If the answer is Yes to any of the above questions, insurance cover will not be provided, and you will have no insurance cover. If you have incurred any claims in the past 5 years, you will not be covered under this Insurance Policy. You will need to contact ASCTA to provide more information.

AIA will support ASCTA through the payment of referral fees. This financial support will assist ASCTA to improve valuable services that are provided to members. If you decide to purchase cover arising from the referral to AIA, ASCTA will receive a referral fee from AIA. A referral fee may also be paid on product renewals and variations.

If you would like to know more, please contact AIA by calling 1800 277 624 or emailing info@associationia.com.au

Association Insurance Australia is a Corporate Authorised Representative of Insurance Advisemet Australia Pty Ltd.
AFSL No. 240549 Corporate Authorised Representative No. 1239086