



**BAHAMAS AQUATICS FEDERATION**  
**Individual Membership Application Form**

**Part A: Applicant Information**

For the year beginning October: \_\_\_\_\_

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Club Affiliation ☐ Yes ☐ No

Club Name: \_\_\_\_\_

Discipline Affiliation ☐ Swimming

☐ Synchronised Swimming

☐ Water Polo

☐ Open Water Swimming

☐ Master's Swimming

☐ Diving

**Part B: Volunteering Information**

Individual members must choose at least one (1) area (either technical or administrative) in which to volunteer, it is recommended however that members choose two, one from each category.

*Technical Volunteer Areas:*

☐ Referee

☐ Starter

☐ Stroke/Turn Judge

☐ Announcer

☐ Time Keeper

☐ Chief Time Keeper

☐ Timing System Operator

☐ Meet Computer Operator

☐ Clerk of Course

☐ Meet Operations

☐ Pool/Facility Set-up

*Administrative Volunteer Areas:*

☐ BAF Publicity

☐ BAF Website

☐ Nationals Committee

☐ Fundraising

☐ Records/Statistics

☐ Club Relations

☐ National Team Coordination

☐ Other: \_\_\_\_\_

**Declaration**

I am a ☐ CITIZEN / ☐ PERMANENT RESIDENT of the Bahamas. I confirm that I am not less than 18 years old. I agree to abide by the Constitution and Rules and Regulations of the Bahamas Aquatics Federation and I submit here within the Annual Individual Membership Fee.

X \_\_\_\_\_  
Applicants Signature

Date: \_\_\_\_\_

**Part C: Internal BAFuse**

Fee Paid: Yes ☐ No ☐ | Cash ☐ Cheque ☐

Application: Accepted ☐ Rejected ☐

Membership Number: \_\_\_\_\_

Secretary – BAF

Date of Council meeting