



# 2020 Snorkel Membership Application

St. Albans Sub-Aqua Club Limited  
Cottonmill Lane,  
St Albans. AL1 1HJ

e-mail: [membership@sasac.co.uk](mailto:membership@sasac.co.uk) Tel: 01727 859829

St Albans Sub Aqua Club (SASAC) Membership			British Sub Aqua Club (BSAC) Membership			
Snorkel Member	£96 <input type="checkbox"/>		Snorkel Member	£20.50 <input type="checkbox"/>		
Concessionary Snorkel Member Reason .....	£48 <input type="checkbox"/>		Other (see BSAC membership details)	£..... <input type="checkbox"/>		
Swimming membership for spouse or Partner living with main member (no fee)	<input type="checkbox"/>		Swimming membership for children living with main member (up to 3 children no fee, additional children £5 per child)	<input type="checkbox"/>		
BSAC Medical Form		BSAC Membership				
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Existing BSAC member? YES <input type="checkbox"/> NO <input type="checkbox"/>	Membership Number: _____	BSAC Direct member <input type="checkbox"/>	Annual payment via SASAC <input type="checkbox"/>	
		Renewal Date: _____				
St Albans Sub Aqua Club Payment			British Sub Aqua Club Payment			
BACs	Cheque	Cash	BACs	Cheque	Cash	Direct Debit
£	£	£	£	£	£	£

Please email [membership@sasac.co.uk](mailto:membership@sasac.co.uk) following BACs payment so we can confirm receipt of payment

Cheques Payable to: ST ALBANS SUB AQUA CLUB LTD

Sort code: 40-40-01

Account number: 01465155

Reference: Use first initial and surname of member, and state type of membership

Personal Details			
Name		Date of Birth	
Address & Post Code		Contact email	
		Contact phone	
Emergency Contact Details			
Next of Kin	Relationship	Contact Telephone	
	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other		
Previous Qualification & Experience			
Qualification Agency		Qualifications	Last Dived / Logged Dives
Agency Membership ID		BSAC Membership Renewal Date	Medical Certificate Expiry Date
Details of Spouse/Partner or Children requiring Swimming Membership			
Name		Date of Birth	
Name		Date of Birth	
Name		Date of Birth	
Name		Date of Birth	
Name		Date of Birth	

**My Agreement & Declaration**

By becoming a member of St Albans Sub Aqua Club Limited (“the Club”) and signing this form I agree to abide by the regulations of the Club and acknowledge that I undertake any associated activities at my own risk and responsibility. All members need to be familiar with, and agree to the club regulations, privacy policy and the pool safety operating procedures. Please ensure you review the three relevant documents prior to signing this form and taking up membership. These documents can be viewed by clicking on the following link to the relevant club website page - <https://sasac.co.uk/membership-terms-and-conditions>. Membership of the club is conditional upon you viewing these three documents. By signing this form you are agreeing to, and are affirming compliance with the regulations, privacy policy and pool safety operating procedures.

I also declare that I am not suffering from any physical complaint or ailment which could jeopardise the safety and well-being of myself or other members whilst taking part in Club activities, and I agree that I will notify the Club should I develop any such physical complaint or ailment during the course of my membership. I undertake to contribute up to £1 in respect of debts, liabilities and costs if the club is wound up as specified in the Articles of Association.

The Club holds and processes personal data for membership purposes and members have the right to ask for a copy of personal information the Club holds, to ask for the information to be changed, or to ask for it to be destroyed when leaving the Club. I agree that the Club may pass my personal information to the British Sub Aqua Club or British Octopush Association if I am a member, but otherwise the Club will not use personal information for marketing purposes nor will the Club provide personal information to any other external party.

By ticking the boxes below and signing this form I agree that:

- The Club may hold and use personal information acquired during my membership provided its use is reasonably required by the Club and is in accordance with the Club’s privacy policy;
- The Club may hold and process relevant medical information required for my membership;
- I have obtained authority from my next of kin and any spouse/partner for the Club to record their name and telephone number and contact them in the event of an emergency;
- The Club may contact me about club activities and membership renewals.

<b>Print full name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>If Under 18: Parent/ Guardian Name:</b>	<b>Signature:</b>	<b>Date:</b>