



BAHAMAS AQUATICS FEDERATION

RENEWAL OF ANNUAL CLUB MEMBERSHIP FORM

CLUB NAME: _____ CLUB ID CODE: _____

MAILING ADDRESS: _____

PHONE #: _____ FAX = _____ E-MAIL: _____

hereby renews its Annual Club Membership in the Bahamas Aquatics Federation. The names and addresses of the Club's Executive Officers and its BAF Representatives for the period 1st January, to 31st December. _____ are as follows:-

Names of Club Officers	Position/Office	P.O. Box #	Work Phone	Home Phone	Fax #
	President				
	1 st Vice President				
	2 nd Vice President				
	Secretary				
	Assistant Secretary				
	Treasurer				
	Assistant Treasurer				
Names of Club's BSF	Committee	P.O. Box #	Work Phone	Home Phone	Fax #
	Council Rep. =1				
	Council Rep. =2				
	Competition				
	Finance & Invest.				
	National Team Mgt.				
	Officials				
	Records & Stats.				
	Rules & Regulations				

The Club has _____ Swimmers that are registered with the BAF for the current year. The Club confirms that the Club, its Officers, Coaches and its Registered Swimmers and their Parents'Guardians will abide by the Rules and Regulations of The Bahamas Aquatics Federation. The Club submits herewith the Annual Club Membership Fee.

✱ _____
 CLUB OFFICER _____ TITLE _____ DATE _____

FOR INTERNAL BAF USE ONLY

For the period 1st January to 31st December _____

Fee paid? YES [] NO []

Paid by CASH [] CHEQUE [] MONEY ORDER []

Date Received: _____

Date of Council Meeting: _____

✱ _____
 For BAF

P.O Box SS 6166 Nassau, Bahamas Affiliated to the : F.I.N.A C.C.C.AN. B.O.A