

# APPLICATION FORM

**The Western Baths Club**

Date...../...../.....

## PLEASE COMPLETE THE FORM IN BLOCK CAPITALS

I/We desire to be nominated a .....member(s) of The Western Baths Club and, if admitted, agree to abide by the rules and byelaws of the Club.

**FULL** name(s) of **ALL** Applicants.....  
.....

Signature(s) .....

Address.....

Postcode.....

Telephone No. (Home).....(Mobile).....

Next of kin ..... Relationship .....

Next of kin telephone no. (Home)..... (Mobile).....

Email address (Please note this will be used to issue updates on club activities) .....

Profession or occupation.....

If you have previously been a member of the Western Baths Club, please state dates of membership.

Dates of birth of all applicants .....

This application, when completed, should be returned to:  
The Western Baths Club, 12 Cranworth Street, Glasgow G12 8BZ or alternatively you can email it to [althaea.trevor@thewesternbaths.co.uk](mailto:althaea.trevor@thewesternbaths.co.uk)

### OFFICE USE ONLY

Junior Swim Assessment

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Assessed by \_\_\_\_\_

Passed (1length) Yes  No

WBC Junior Membership Policy – Juniors joining on their own must be able to swim one full length of the pool competently.