APPLICATION FOR MEMBERSHIP: **2020/2021 Season**

1. CLUB NAME: **BRIBIE ISLAND SLSC**

2. GENERAL DETAILS
I hereby apply for membership of SLSA. I have read, understood, acknowledge and agree to the declaration and application over leaf. I have signed the declaration and application

INITIAL MEMBERSHIP ☐ RENEWING ☐

TITLE ____ (Mr, Mrs, Ms, etc) FIRST NAME _____ SECOND INITIAL ___ LAST NAME _____

MALE ☐ FEMALE ☐ DATE OF BIRTH ____ / ____ / ____ OCCUPATION _____

ADDRESS _____ POSTCODE _____

PHONE: HOME _____ BUSINESS _____ MOBILE ___ _____

PREFERRED CONTACT NUMBER NO B / H / M EMAIL_ _____

Drivers License License Number _____ _____ Vehicle Type _____ _____ Exp Date _ _____

Shirt Size (Please Circle) 6 / 8 / 10 / 12 / 14 / S / M / L / XL / 2XL / 3XL / 4XL / 5XL

Short Size (Please Circle) S / M / L / XL / 2XL / 3XL / 4XL / 5XL

3. MEMBERSHIP DETAILS APPLIED FOR – SUBJECT TO CLUB ENDORSEMENT (Tick one box only)

PROBATIONARY ---------- ☐	ACTIVE (18 years and over) ----- ☐	ASSOCIATE------ ☐
JUNIOR ACTIVITY MEMBER (5-13 years .-- ☐	AWARD MEMBER ---------- ☐	LIFE MEMBER ----- ☐
CADET MEMBER (13-15 years)---------- ☐	RESERVE ACTIVE ---------- ☐	GENERAL ---------- ☐
ACTIVE (15-18 years) ---------- ☐	LONG SERVICE---------- ☐	HONORARY -------- ☐

Date Joined _____ Competitive Rights with this club: YES NO ☐ Locker Number _____ Key No _ _____

Member Protection Form Completed? YESNO ☐ Membership Protection Number (where applicable) _ _ _____

4. OTHER SURF LIFE SAVING CLUB MEMBERSHIPS (Please attach list if more than two)

_____ SLSC_____ SLSC

5. MEDICAL DETAILS
If you suffer or you have suffered from any disease or any physical or mental disability (eg, epilepsy, diabetes or any permanent disability to a limb,eye or ear) likely to affect your efficiency as a Club member, it may affect your safety and the safety of the public. You should consult your medical practitioner and SLSA prior to commencing any surf lifesaving activity. You should take part in a Hepatitis B vaccination program.

HAVE YOU READ THIS SECTION? YES NO ☐ ☐

6. EMERGENCY CONTACT

FIRST NAME _____ LAST NAME _____ _____

RELATIONSHIP _ _____ ADDRESS _____ POSTCODE _____

PHONE: HOME _____ BUSINESS _____ FAX: _____ MOBILE: _____

7. BACKGROUND DETAILS
Are you from a culturally and linguistically diverse background? YES NO ☐ Cultural Background _____

Do you use any languages other than English in your home?YES NO ☐ Second Language _____

Are you of Aboriginal descent? YES NO ☐ Are you of Torres Straight Islander descent? YESNO ☐ ☐

8. DECLARATION I have read, understood, acknowledge and agree to the declaration and application and conditions of membership over leaf. I have signed that declaration and application. I warrant that all information provided is true and correct.

SIGNATURE _____ DATE: _____

9. PARENT/LEGAL GUARDIAN CONSENT (IN RESPECT TO AN APPLICANT UNDER THE AGE OF 18 YEARS)
I have read, understood, acknowledge and agree to the declaration and application and conditions of membership overleaf and I personally consent to thedeclaration and application for Membership of the applicant
.
FIRST NAME _ _____ LAST NAME _____

SIGNATURE _____ DATE ___ _____

10. OFFICE USE ONLY
Date Application received ____ / ____ / ____ Amount paid: $_____ Receipt No. _ _____
Accepted / Rejected by Club Management – Date ____ / ____ / ____ Signature of Club Officer _ _____
Membership Category allocated _ _____ Capitation/Membership No. __ _____ ID Sighted