

Full name of applicant: Title First Name(s) Surname

Address: No Street Name
 Suburb Postcode

Telephone number: Date of Birth:

Email Address:

Membership category: Senior (over 13 years)
 Family (includes children up to 18 years)

If you are applying for a family membership please supply details of other family members (must be u/18).

Full Name	Sex (M/F)	DOB	Relationship to applicant

The full subscription fee must accompany all applications

2011/12 Annual Membership Fees (incl. GST)

Senior (13 years & over) \$85.00
Family (includes children up to 18 years at 01/07/11) \$165.00

Please note: Any person 18 years and above wishing to be a member must have their working with children check card. This is a free card that can be obtained from the post office. Memberships will not be processed unless you have the card. More information on this can be found on our website www.mlsc.com.au under the WWCC section. This is a policy implemented by Life Saving Victoria for all life saving clubs.

If you are are a Senior Competitor you will need to pay your competition levy of \$100. The policy can be found on the second page of this document.

Declaration:

- I hereby make application for membership of the Mordialloc Life Saving Club inc. (the club)
- If accepted I agree to conform to the Rules and By Laws of the Club.
- If the applicant is under 18 years a parent of guardian must sign this form.

Signed

Date

Senior competitors fees for 2011/12 season

For senior competitors this season we are introducing a compulsory competition fee of \$100. Life Saving Victoria carnivals are \$20 per carnival this year and there are 6 carnivals in total.

This does not include the State Titles or Masters Titles, competitors will be responsible for these entry fees.

We are trialling a new initiative this year as follows:

- a - The competition fee will be a rebate offer. If you attend 2 of our tin shakes with 2 x 4 hour shifts[#] and attend all of your rostered patrols* your competition fee will be paid back to you reimbursed at end of the season. Our tin shake money is a vital part of our fund-raising each season. It allows us to upgrade equipment for our nippers, our patrols and our senior competitors.
- b- Any competitor that attends the Australian Titles will have their entry fee paid by the club.
- c - If you are selected in a state or national representative team, the club will provide financial assistance to the order of \$200 per club member to a maximum of \$300 per financial year. This will be for flights & accommodation. This only applies if the carnivals are held interstate.

Your competition fee must be paid along with your membership fees which are due prior to the commencement of the season. You will not be allowed to requal, patrol or compete until these have been paid. There are no exceptions with this. We must reiterate that you are not insured unless you have paid your fees.

We are trialling this for the upcoming 2011/12 season. Once we have reviewed it at the end of the season, we would be hoping to implement this within the junior competitors next season[^].

[#]You must be 16 years and over to attend a tin shake. If you are under this age, a parent or guardian must take your place. This can be done in 2 x 4 hour shifts, 1 x 8 hour shift etc.

^{*}If you are unable to attend your rostered patrol, you must find suitable replacement who has an equivalent or higher qualification than yourself.

[^]Junior competitors who are selected in state teams are also eligible for the assistance offered in 'c' above.

This has been implemented by the Mordialloc Life Saving Club Executive Committee October 2011

SLSA MEMBERSHIP APPLICATION & DECLARATION

I [insert name]of [insert address] hereby apply for membership of SLSA. In so applying and in consideration of my application for membership being accepted **I acknowledge and agree** that:

- 1. **“SLSA”** for the purposes of this declaration means & includes Surf Life Saving Australia Limited, its subsidiaries, its members (including State Centres & Clubs), Branches & their respective directors, officers, members, servants or agents.
- 2. **If accepted I will be a member** of [Insert Club]..... SLSC, [insert branch if relevant]....., [insert State]..... State Centre & SLSA.
- 3. **This document cannot be amended.** If I do amend it my application will be null & void. It cannot be accepted by SLSA.
- 4. **Insurance** is in place that provides limited cover to me whilst I am performing or participating in any authorised or recognised SLSA activity (**“SLSA Activity”**). (*For insurance details contact your SLSC.*) I can, in my own interests, seek & obtain personal insurances over and above the cover provided by SLSA.
- 5. **The SLSA Constitution** is a contract between me & SLSA. I will be bound by it & any regulations made under it. It is necessary & reasonable for promoting SLSA & surf lifesaving as a community service.
- 6. **Warning:** Surf lifesaving can be inherently dangerous. Serious accidents can & often do happen which may result in me being injured or even killed. I have voluntarily read & understood this Warning & accept & assume the inherent risks in surf lifesaving.
- 7. **Exclusion of Liability:** Except where provided or required by law & such cannot be excluded, I agree that it is a term of my membership (if accepted) that SLSA is absolved from all liability however arising from injury or damage however caused (whether fatal or otherwise) arising out of my membership &/or participation in any SLSA Activity.
- 8. **Release & Indemnity:** In consideration of SLSA accepting my application for membership I:
 - (a) release & forever discharge SLSA from all Claims that I may have or may have had but for this release arising from or in connection with my membership &/or participation in any SLSA Activity; &
 - (b) indemnify & hold harmless SLSA to the extent permitted by law in respect of any Claim by any person including but not only another Member of SLSA arising as a result of or in connection with my membership &/or participation in any SLSA Activity.

In this **clause 8 “Claims”** means & includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising but does not include a claim in respect of any action, suit, etc made by any person entitled to make a claim under a relevant SLSA insurance policy or under the SLSA Constitution or any Regulations.

- 9. **Fitness to Participate:** I declare that I am & must continue to be medically and physically fit & able to participate in any SLSA Activity. I am not & must not be a danger to myself or to the health & safety of others. I will immediately notify SLSA in writing through my Club of any change to my fitness & ability to participate. I understand & accept that SLSA will continue to rely upon this declaration as evidence of my fitness & ability to participate.
- 10. **I have provided the information required overleaf and signed both sides of this form.** I warrant that all information provided is true and correct.
- 11. SLSA has a **Privacy** policy and that the information that I have provided over leaf is necessary for the Objects of SLSA. I acknowledge and agree that the information will be disclosed to my Club and State Centre and will only be used for the Objects of SLSA and to provide me with membership services. I understand that I will be able to access my information through my Club. If the information is not provided my membership application may be rejected.
- 12. **I have read, understood, acknowledge and agree** to the above declaration including the warning, exclusion of liability, release & indemnity. I acknowledge that if my application for membership is successful I will be entitled to all benefits, advantages, privileges & services of SLSA membership.

Signed:..... Date:

Name:

Where the applicant is under 18 years of age this form must also be signed by the applicant’s parent or legal guardian.

I,..... am **the parent or guardian** of the applicant. I expressly agree to be responsible for the applicant’s behaviour and agree to personally accept the conditions set out in this membership application and declaration including the provision by me of a release and indemnity in the terms set out above.

Parent’s signature: Date:

(where applicant under 18 y.o)

Name:

APPLICATION FOR MEMBERSHIP

20__ / 20__ SEASON

WHITE COPY: to State Centre/Branch. YELLOW COPY: to Club. PINK COPY: to Applicant



1. CLUB NAME _____ SLSC _____

2 PERSONAL DETAILS

I hereby apply for membership of SLSC. I have read, understood, acknowledge and agree to the declaration and application over leaf. I have signed that declaration and application.

 INITIAL MEMBERSHIP TRANSFERRING RENEWING

From _____ SLSC _____

SURNAME _____ GIVEN NAME _____ SECOND INITIAL ____ TITLE ____ (Mr, Mrs, Ms, etc)

ADDRESS _____ POSTCODE _____

PHONE: WORK _____ HOME: _____ FAX: _____

MOBILE : _____ EMAIL: _____

MALE FEMALE DATE OF BIRTH ____ / ____ / ____ OCCUPATION: _____**3 MEMBERSHIP CATEGORY**

APPLIED FOR – SUBJECT TO CLUB ENDORSEMENT (Tick one box only)

PROBATIONARY	<input type="checkbox"/>	ACTIVE (18 years and over)	<input type="checkbox"/>	ASSOCIATE	<input type="checkbox"/>
JUNIOR ACTIVITY MEMBER (7-13 years)	<input type="checkbox"/>	AWARD MEMBER	<input type="checkbox"/>	LIFE MEMBER	<input type="checkbox"/>
CADET MEMBER (13-15 years)	<input type="checkbox"/>	RESERVE ACTIVE	<input type="checkbox"/>	GENERAL (SA only)	<input type="checkbox"/>
ACTIVE (15-18 years)	<input type="checkbox"/>	LONG SERVICE	<input type="checkbox"/>	HONORARY	<input type="checkbox"/>

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 SLSC prior to commencing any surf lifesaving activity. You should take part in the Hepatitis B vaccination program.

HAVE YOU READ THIS SECTION? YES NO **6 EMERGENCY CONTACT**

SURNAME _____ GIVEN NAME _____

ADDRESS _____ POSTCODE _____

PHONE: WORK _____ HOME _____ FAX: _____

MOBILE: _____ RELATIONSHIP: _____

7 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: _____

8 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 over leaf and I personally consent to the declaration and application for Membership of the applicant.

SURNAME _____ GIVEN NAMES: _____

SIGNATURE: _____ DATE: _____

9 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.: _____