



Ithaca - Caloundra City Life Saving Club Inc
 ABN 69 400 598 562
 PO Box 1648
 CALOUNDRA QLD 4551

Royal Life Saving Marine Rescue Membership Application

Applicants personal details

Surname		First Name	Other Names (If under 18 years of age, guardian to also complete this section)	
Address (Residential)			Address (Postal - If same as residential leave blank)	
Home Phone number	..(.....).....		Date of Birth/...../.....
Work Phone number	..(.....).....		Gender	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Mobile Phone number	..(.....).....		Email :

Acknowledgement of Term of Membership

I am an existing member of the Club, and I seek to join the membership category of 'RLMR Member', which I acknowledge is a member category in addition to any other membership category I hold. I state that I hold the following qualifications and experiences:-

First Aid Cert	<input type="checkbox"/> Held	<input type="checkbox"/> Non Held	Date & Issuer	_____
IRB Crewman Certificate	<input type="checkbox"/> Held	<input type="checkbox"/> Non Held	Date & Issuer	_____
IRB Driver Certificate	<input type="checkbox"/> Held	<input type="checkbox"/> Non Held	Date & Issuer	_____
Bronze Medallion	<input type="checkbox"/> Held	<input type="checkbox"/> Non Held	Date & Issuer	_____
Two Way Radio Certificate	<input type="checkbox"/> Held	<input type="checkbox"/> Non Held	Date & Issuer	_____
Recreational Boat Licence	<input type="checkbox"/> Held	<input type="checkbox"/> Non Held	Date & Issuer	_____

I meet the following minimum requirements to join:-

Patrolling Member of the Club for at least six months Yes No

Medical Information

Is there any medical conditions that you suffer, or are likely to suffer from, that the Club should be aware of (including any previous injuries that are at risk of further damage) :-

.....

If yes, please provide full details, if insufficient space please attach a form with full details. Please also consider including the contact name of an emergency medical contact and if the Club should make any provisions to assist you.

Declaration

- I agree that this Membership category is in addition to my usual Membership category of The Club and does not give any greater voting rights;
- I agree to abide by the rules and policies of RLMR and all reasonable directions of an Able Crewman, Skipper or Boat Captain;
- I will pay the RLMR Membership fees when due, and understand should my membership fee not be paid within a reasonable time from the start of any subsequent season, my membership of the RLMR (or The Club) will automatically lapse without any notice and should I wish to continue membership I will have to re-apply;
- I will not hold the Ithaca - Caloundra City Life Saving Club Inc, or any of its members or officers, liable for any loss or damage to me, through its negligence or not;
- The information supplied is true and correct and I understand that the club has the right to refuse my application or terminate my membership as contained in the Rule's of the club; and
- I understand that I will be required to attend RMLR patrols, in addition to my normal Beach Patrol responsibilities to the Club, and that my normal Beach Patrols will take priority.

I have read, understand and agree to the above declaration. I am signing of my own free will and in agreement of the above declaration and have paid / am willing to pay all membership and application fees.

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

Signature of Applicant (If under 18 years of age, parent / guardian must also sign in agreement to the aforementioned declaration)

Proficiency (Club use only)

Current Competency

Able Crewman Advanced Crewman Skipper (Partially Flat Water) Skipper (Open Water)

Proficiency Check list

Pre-requisites

Is member a current active / patrolling member	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is member physically able to performing normal duties (i.e. Any disability)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fitness test completed (to the minimum level required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Boat Captain Comments	Boat Captain / Examiner Signature
I am satisfied that this member is proficient in their level of competency.	