



Ithaca - Caloundra City Life Saving Club Inc

ABN 69 400 598 562

PO Box 1648

CALOUNDRA QLD 4551

Membership Application Form

(Not for Junior Membership)

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		
Mobile Phone number ..(.....).....			<input type="checkbox"/> FEMALE		
			Email :		

Type of Membership

Standard Member <input type="checkbox"/> Active Member (Rookie & Senior) (Attends patrols, training etc) <input type="checkbox"/> Support Member (Limited rights) <input type="checkbox"/> Competition Member (Non-patrolling, limited rights) <input type="checkbox"/> Social Member	Honorary Member <input type="checkbox"/> Honorary Member (Generally by request)	Other <input type="checkbox"/> Renewal of Membership <input type="checkbox"/>
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Qualification and awards

Please list any relevant qualifications or awards that you have :-

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Club Assistance

I am willing to assist the club by providing the following assistance to the club :-

<input type="checkbox"/> Working Bees	<input type="checkbox"/> First Aid	<input type="checkbox"/> Training	<input type="checkbox"/> Patrols	<input type="checkbox"/> Equipment maintenance
<input type="checkbox"/> Clubhouse Maintenance	<input type="checkbox"/> Clubhouse Cleaning	<input type="checkbox"/> Administration duties	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Other				

Medical Information

Is there any medical conditions that you suffer, or are likely to suffer from, that the club should be aware of :-

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

Declaration (Please read carefully)

- I agree to abide by the Rules and By-Laws of the Ithaca - Caloundra City Life Saving Club Inc and will follow all direction of the management committee, or any person appointed by them
- I understand that I may be requested to apply for, present, obtain or hold a 'Blue Card', under Child Protection legislation; failure to do so may mean that I will be unable to attend Club functions
- I understand that I may be requested to attend patrolling of beach(s), attend training sessions or attend a carnival, competition or other Activity of the club
- I will pay membership fees when due, and understand should my membership fee not be paid within a reasonable time from the start of the season my membership of the club will lapse 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 it members or officers, liable for any loss or damage to me, through it's negligence or not, whilst carrying out activities associated with the Club
- 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

I have read and understand 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 the 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)

Witness to signing of declaration and Nominated for acceptance into the club by:- Signature	Seconded for acceptance into the club by :- Signature
Name (being a current member of the club)	Name (being a current member of the club)