



APPLICATION FOR MEMBERSHIP 2011 - 2012

COMPLETE FULLY - RETURN THIS FORM WITH PAYMENT - PO BOX 715 NEWPORT NSW 2106

1. CLUB NAME: **BUNGAN BEACH SURF LIFE SAVING CLUB**

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 that declaration and application.

NEW MEMBERSHIP RENEWING MEMBERSHIP

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

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

ADDRESS _____ POSTCODE _____

PHONE: HOME _____ BUSINESS _____ MOBILE _____

PREF'D CONTACT NO. _____ EMAIL _____

Driver's Licence Number _____ [if ATV driver] Licence Type _____ Exp Date _____

3. MEMBERSHIP DETAILS APPLIED FOR – SUBJECT TO CLUB ENDORSEMENT (Cross box(es) that apply)

PROBATIONARY...N/A..... ACTIVE (18 years & over). \$75 ASSOCIATE.....\$100.

JUN. ACTIVITY MEMBER (5-13 years) .N/ A AWARD MEMBER.....N/A LIFE MEMBER.....NIL

CADET MEMBER (13-15 years).....\$60 RESERVE ACTIVE.....\$75 HONORARY.....NIL.

ACTIVE (15-18 years).....\$60.. LONG SERVICE.....\$75 COMPETITION FEE

Declaration Form Over Completed ? YES NO Membership Protection Number (where applicable) _____

DATE JOINED BUNGAN _____ COMPETITIVE RIGHTS WITH BUNGAN: YES NO....

Member Protection Form Completed OMembership Protection Number (where applicable) _____

4. PAYMENT DETAILS

I /WE ENCLOSE OUR CHEQUE TO BUNGAN BEACH SLSA OR CREDIT CARD DETAILS: **AMOUNT \$** _____

CREDIT CARD VISA MASTERCARD BANKCARD (please circle) - UNFORTUNATELY WE CANNOT ACCEPT AMEX OR DINERS

CARD NO _____ EXP DATE _____ NAME ON CARD _____

5. OTHER S.L.S. CLUB MEMBERSHIPS _____ SLSA (list if more – AND ADVISE competitive rights ?)

6. 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

7. EMERGENCY CONTACT – THIS DETAIL MUST BE SUPPLIED

FIRST NAME _____ LAST NAME _____

RELATIONSHIP _____ ADDRESS _____ POSTCODE _____

PHONE: HOME _____ BUSINESS _____ MOBILE: _____

8. 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? YES NO

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 the declaration and application for Membership of the applicant.

FIRST NAME _____ LAST NAME _____

SIGNATURE _____ DATE _____

10. DECLARATION I have read, understood, acknowledge and agree with the declaration and application and conditions of membership over leaf. I have signed the declaration (see over) with this application. I warrant that all information provided is true and correct. This signature also applies to Credit Card details also if provided.

SIGNATURE _____ DATE: _____

11. 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 Cited – Type _____ Date _____

**THIS SIDE OF THE APPLICATION FORM TO BE READ AND SIGNED WHERE APPLICABLE
PROHIBITED EMPLOYMENT DECLARATION**

Child Protection (Prohibited Employment) Act 1998 – For persons who are 18 years and over during the year of membership

Section 5 of the Child Protection (Prohibited Employment) Act 1998 defines a serious sex offence as an offence involving sexual activity or acts of indecency that was committed in NSW and that was punishable by penal servitude or imprisonment for 12 months or more even if the sentence was not served, or, an offence involving sexual activity or acts of indecency that was committed elsewhere and that would have been punishable by penal servitude or imprisonment for 12 months or more if it had been committed in NSW.

Part of Section 1 of the Child Protection (Prohibited Employment) Act 1998 specifies that child-related employment is employment:

- in pre-schools, kindergartens and child care centres (including residential child care centres)
- in schools or other educational institutions (not including universities)
- in Clubs, associations or movements (including of a cultural, recreational or sporting nature) having a significant child membership
- in any entertainment venues where the clientele is primarily children
- as a babysitter or child minder that is arranged by a commercial agency
- involving the private tuition of children
- involving the direct provision of health services
- involving the provision of counselling or other support services for children
- at overnight camps for children

Under this Act:

- it is an offence for a prohibited person to apply for, or remain in child related employment.
- employers must ask existing employees, both paid and unpaid, and preferred applicants for employment to declare if they are a prohibited person or not.
- All child-related employees must inform their employers if they are a “prohibited person” or remove themselves from child-related employment. A prohibited person is someone who has been convicted of a serious sexual offence or, who has had a finding for a charge of a serious sexual offence proven in court, even if a conviction was not recorded.
- penalties are imposed for non compliance.

I have read and understood the above information in relation to the Child Protection (Prohibited Employment) Act 1998 and understand my responsibilities and obligations under this Act.

I declare that I am NOT a person prohibited by the Act from seeking, undertaking, or remaining in child related employment.

Name: _____

Signature: _____

Date: ___/___/___

SLSA DECLARATION

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 Bungan Beach SLSC, in Sydney Northern Beaches Branch, SLSNSW & 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, policies and codes of conduct made under it. It is necessary & reasonable for promoting SLSA & surf life saving as a community service.
6. Warning: Surf life saving 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 life saving.
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.

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.

Name:** _____

Signature: _____

Date: ___/___/___

** Parents signature required for applicants under 18 years of age.