



Mentone Life Saving Club

Single Membership Application: 2011-2012

1st July 2011 to 30th June 2012

1. Personal Details					Member Category
First Name:		Last Name:		DOB:	
Address:		City:		State:	Post Code:
Email:		Mobile:		Bus Ph:	Hm Ph:

If applicant is under 18 years of age a parent or guardian will be required to sign the declaration (overleaf) on their behalf.

2. Membership Details					
<input type="checkbox"/> New Member			<input type="checkbox"/> Renewal Membership		
Early Bird Membership (registration prior to 30 th Oct)	Full Membership (includes GST)	Early Bird Membership (registration prior to 30 th Oct)	Full Membership (includes GST)		
(nipper only with Family M/ship)		<input type="checkbox"/> \$87	General Member <input type="checkbox"/> \$96		
<input type="checkbox"/> \$54	Junior Active (13-15 yrs)	<input type="checkbox"/> \$60	<input type="checkbox"/> \$87	Master (30+) <input type="checkbox"/> \$96	
<input type="checkbox"/> \$54	Active (Cadet) (15-18 yrs)	<input type="checkbox"/> \$60	<input type="checkbox"/>	Life Member <input type="checkbox"/>	
<input type="checkbox"/> \$87	Senior Active (18+ yrs)	<input type="checkbox"/> \$96			
Lockers (existing) (\$11 each) (Please see Secretary for NEW Lockers)		Locker No 1	<input type="checkbox"/> \$11	<input type="checkbox"/> \$22	
		Locker No 2			
Racks (Boards) (\$22 each) (Please see Secretary for NEW Racks)		Number of Racks	<input type="checkbox"/> \$22	<input type="checkbox"/> \$44	<input type="checkbox"/> \$66
TOTAL AMOUNT		\$			

- Members covered by this Membership application hereby grant the Mentone Life Saving Club an unreserved right to take and publish photographs for promotional purposes/publications that may include images of themselves and/or their children.
- Members covered by this Membership agree to abide by ALL CLUB RULES, and accept full responsibility for their actions and safety.
- Members on this application are required to complete the SLSA INSURANCE FORM to be covered under CLUB insurance.

2.1 Working with Children		
4. PLEASE NOTE: All Club Office Bearers, senior active and patrolling members and existing/potential Junior Age Managers over 18 years of age are required by law to have a WORKING WITH CHILDREN CHECK licence to be members. WWCC card numbers must be recorded with the Secretary and or membership will be invalid.		
WWCC Number:	Full Name:	Expiry Date:

3. Emergency Contact				
First Name:		Last Name:		Relationship:
Address:		City:		State: Post Code:
Hm Ph:		Bus Ph:		Mobile:

4. Declaration & Medical Details				
1. I (We) have read, understood, acknowledge and agree to all Mentone LSC and SLSA conditions of membership and agree to the declaration of SLSA membership over leaf. (note: if applicant is under 18 yrs declaration to be signed by parent or guardian)				
2. If you or any member of your family have suffered from any disease or any physical disability likely to affect your efficiency as a Club member, or affect your safety or the safety of others. You should consult your doctor and Club Officials.				
I warrant all information provided is true and correct:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:
I (We) need to notify the Club regarding a medical / physical condition		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Full Name:

5. Payment Details				
Amount:	\$	Payment Method	(cash & cheque only with this form)	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
		Drawer Name on Cheque:		

- If paying by credit card, please logon to <https://www.lifesavingonline.com.au> and register. You will be directed to the secure SLSA payment gateway.
- If paying by CASH: Application and payment may be lodged in **Drop Box**, in kitchen at Clubhouse or post to Treasurer, Mrs Helga Stott P.O. Box 95 Mentone 3194. (please put copy of form in envelope with cash)
- For any membership question please call 9584 3981 or email: membership@mentonelsc.com.

Office Use Only		Date Entered on Database:	
Receipt No:		Date Surfguard Insurance Received:	
Date Recorded By Treasurer:		Date Copy of WWCC Received:	
Signature of Club Officer		Date Medical Details Received:	



SLSA MEMBERSHIP APPLICATION & DECLARATION

I of insert address.....

hereby apply for membership of SLSA. In consideration of my application for membership being accepted I acknowledge and agree that: hereby apply for membership of SLSA. In consideration of my application for membership being accepted I acknowledge and agree that:

1. In this membership declaration:
 "Claim" means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising including but not limited to negligence BUT does NOT include a claim against SLSA by any person entitled to make a claim under a relevant SLSA insurance policy or under the SLSA Constitution or SLSA Regulations.
 "SLSA" means Surf Life Saving Australia Limited.
 "SLS Organisations" means and includes SLSA, its subsidiaries, its members (including State Centres & Clubs), Branches and their respective directors, officers, members, servants or agents.
 "SLS Activities" means performing or participating in any capacity in any activity authorised or recognised by SLSA.
2. If my application for membership is accepted I will be a member of MENTONE LIFE SAVING CLUB, VICTORIA & SLSA. I acknowledge the application will be deemed to be accepted upon the participation in SLS Activities and I acknowledge that I will be bound by and agree to comply with the constitutions, regulations and policies of the SLS Organisations. These rules are necessary and reasonable for promoting SLSA and surf lifesaving as a community service.
3. **Warning:** SLS Activities can be inherently dangerous. I acknowledge that I am exposed to certain risks during SLS Activities including but not limited to physical exertion, contact with surf lifesaving equipment, body contact and surf, sea and weather conditions. I acknowledge that accidents can and often do happen which may result in a member of our family being injured or even killed, or our property being damaged. I have voluntarily read and understood this warning and accept and assume the inherent risks in participating in SLS Activities.
4. Exclusion of implied terms: I acknowledge that where I am a consumer of recreational services, as defined by any relevant law, certain terms and rights usually implied into a contract for the supply of goods and services may be excluded. I acknowledge that these implied terms and rights and any liability of the SLS Organisations (or any of them) flowing from them, are expressly excluded to the extent possible by law, by this membership declaration. To the extent of any liability arising, the liability of the SLS Organisations will, at the discretion of the relevant SLS Organisation, be limited to the resupply of the services or the payment of the cost of having the services supplied again.
5. Release & Indemnity: In consideration of SLSA accepting my application for membership I:
 - a. release and will release the SLS Organisations from all Claims that I may have or may have had but for this release arising from or in connection with my membership and/or participation in any SLS Activities; and
 - b. indemnify and will keep indemnified the SLS Organisations to the extent permitted by law in respect of any Claim by any person arising as a result of or in connection with my membership and/or participation in any SLS Activities.
6. Fitness to Participate: I declare that I am medically and physically fit and able to participate in any SLS Activities. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify SLSA in writing through my Club of any change to my medical condition, fitness and ability to participate.
7. Privacy: I understand that the information that I have provided over leaf is necessary for the Objects of the SLS Organisations. 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 the SLS Organisations and to provide me with membership services. I understand that I will be able to access my (our) information through my Club. If the information is not provided my membership application may be rejected. I acknowledge that the SLS Organisations may also use my personal information for the purposes of providing me with promotional material from SLS Organisation sponsors or third parties. I may advise my State Centre if I do not wish to receive any sponsor or third party material. This information is being collected by SLSA and it may be shared with other Surf Life Saving organisations for the purposes of fulfilling the Surf Life Saving organisations' objectives. You are able to gain access to any information held. I agree that during the course of any duty, my image, voice or location may be tracked and recorded for the purposes of SLSA operational safety.
8. I have provided the information required overleaf and accept the terms of this form. I warrant that all information provided is true and correct. I acknowledge that this membership declaration cannot be amended. If I (we) do amend it my application will be null and void and cannot be accepted by SLSA.
9. Severance: If any provision of this membership declaration is invalid or unenforceable in any jurisdiction, the phrase or clause is to be read down for the purpose of that jurisdiction, if possible, so as to be valid and enforceable. If the phrase or clause cannot be so read down it will be severed to the extent of the invalidity or unenforceability of it in any other jurisdiction. Such severance does not affect the remaining provisions of this membership declaration or affect the validity or enforceability of it in any other jurisdiction.

I have read, understood, acknowledge and agree to the above declaration including the warning, exclusion of liability, release & indemnity. I acknowledge that if the application for membership is successful I will be entitled to all benefits, advantages, privileges and services of SLSA membership.

I accept these terms: Yes No Full Name..... Date:.....

NOTE: Where the applicant is under 18 years of age this form must also be accepted by the applicant's parent or legal guardian.

I, am the parent or guardian of the applicant(s).

I authorize and consent to the applicant undertaking the SLS Activities. In consideration of the applicant's membership being accepted I expressly agree to be responsible for the applicant's behaviour and agree to personally accept in my capacity as parent or guardian the terms set out in this membership application and declaration including the provision by me of a release and indemnity in the terms set out above. In addition I agree to be bound by and to comply with the SLSA constitution and any regulations and policies made under it.

I accept these terms: Yes No Full Name..... Date:.....

Relationship:.....

Office Use Only		Date Entered on Database:	
Receipt No:		Date Surfguard Insurance Received:	
Date Recorded By Treasurer:		Date Copy of WWCC Received:	
Signature of Club Officer		Date Medical Details Received:	