



MEMBERSHIP FORM

AFFILIATE MEMBER

Life Saving Support Services Inc

ABN 34 100 281 336
 PO Box 1648, Caloundra Qld 4551
 29 The Esplanade, Bulcock Beach, Caloundra Qld 4551
 Affiliated with Royal Life Saving Society Qld Inc

Applicant's personal details

Surname	First Name	Other Names
Address (Residential)		Email: Please provide an email address as most Communication will be sent by email. If an email address is not provided, you may not receive Communication.
Home Phone number ..(.....)		Date of Birth/...../.....
Work Phone number ..(.....)		Gender <input type="checkbox"/> MALE
Mobile Phone number ..(.....)		<input type="checkbox"/> FEMALE

Confirmation of Membership of Affiliated Club

Club Name	Club Authorisation (Club Officer)	
I confirm that the applicant named on this form is a current financial member of the Club indicated:	Signature _____ Name of Club Officer _____	

Medical Information

Are there any medical conditions that you suffer, or are likely to suffer from, that we should be aware of :

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

Background Information

In order for the Service to consider your application, please answer the following questions:

	Yes	No
Have you ever been Bankrupt or entered into an Insolvency Arrangement ?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been associated with any organisation that became insolvent ?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been been found guilty of a criminal offence ?	<input type="checkbox"/>	<input type="checkbox"/>
Has your membership of any life saving organisation been terminated ?	<input type="checkbox"/>	<input type="checkbox"/>
Do you hold a current Blue Card (Child Safety) ?	<input type="checkbox"/>	<input type="checkbox"/> Card Number _____ / _ Expiry Date __ / __ / _____

Note – If in the opinion of the Board of Directors, the above information is found to be false or misleading, the Board of Directors may reject or terminate your membership in the Service, or take such other action as it deems appropriate.

Declaration

- I wish to apply for Affiliate Membership of Life Saving Support Services Inc (“the Service”).
- The information supplied on this form is true and correct.
- I agree to abide by the Constitution, Rules and By-Laws of the Service and will follow all direction of the Board of Directors, Service Officers, or any person appointed by them.
- I will pay membership fees and other charges when due, and understand should my membership fee not be paid within a reasonable time from the start of the season my membership will end and should I wish to continue membership I will have to re-apply.
- I will not hold the Royal Life Saving Society, the Service or any of its members or officers, liable for any loss or damage to me, through its negligence or not, whilst carrying out any activities associated with the Service.
- I understand that the Service has the right to reject my application or terminate my membership as contained in the Rules of the Service.

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 application and membership fees.

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

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

Privacy Warning:
 The Service respects your privacy. Information collected on this form will be used for the purpose of processing and administration of membership. This information may be disclosed to relevant personnel and managers of the Service, the Royal Life Saving Society, our suppliers, contractors, affiliates and/or training partners. Please contact us if you do not agree with our privacy policy as we may not be able to process your membership application or provide our services to you. You will be able to access this information by contacting our Privacy Officer or Director of Administration.

Witness to signing of declaration and Nominated by: Signature Name (current member)	Seconded for acceptance into the club by: Signature Name (current member)
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CODE OF CONDUCT

AFFILIATE MEMBER

I will:

1. be aware of, and maintain an uncompromising adhesion to the Service's constitution, by-laws, rules, regulations and policies which are available on Service's website;
2. place the safety and welfare of myself and other members above all else,
3. be impartial, consistent, objective and courteous when making decisions;
4. accept responsibility for my actions and decisions;
5. avoid any situations which may be construed as a conflict of interest;
6. be honest, fair, considerate, in all dealings with others;
7. be professional and accept responsibility for actions;
8. be a positive role model, in behaviour and personal appearance (including wearing full uniforms) and ensure my comments are positive and supportive;
9. make a commitment to providing quality service;
10. refrain from anything that may abuse, intimidate or harass others;
11. use facilities and equipment for their proper purposes for sanctioned activities and obtain permission prior to use;
12. promote Life Saving, the Service and the Royal Life Saving Society and understand the difference between us and Surf Life Saving; and
13. Responsibly assist with management of the assets and funds of the Service.

I understand, the consequences of any breach of the Policies and Code of Conduct which may include disciplinary action or termination of membership.

I agree to this Code of Conduct:

.....
Members Signature

..... / /
Date