

Club stamp

MEMBERSHIP APPLICATION FORM



FULL CLUB NAME (where applicable)	
MEMBERSHIP NO.	

PERSONAL DETAILS

TITLE	FORENAME
SURNAME	
ADDRESS	
POSTCODE	
EMAIL	
D.O.B	
MALE	<input type="checkbox"/>
FEMALE	<input type="checkbox"/>
TELEPHONE	
MOBILE	
EMERGENCY CONTACT & TEL NO.	

ADDITIONAL DETAILS

COMMITTEE POSITION (where applicable)		
HOW WOULD YOU DESCRIBE YOUR ETHNIC ORIGIN?		
WHITE/EUROPEAN	<input type="checkbox"/>	ASIAN
AFRICAN	<input type="checkbox"/>	CHINESE
OTHER (please specify)	<input type="checkbox"/>	AFRO-CARIBBEAN
OTHER	<input type="checkbox"/>	OTHER
WOULD YOU CONSIDER YOURSELF TO BE DISABLED?		
YES	<input type="checkbox"/>	NO
OCCUPATION		
OTHER HOBBIES		

DECLARATION

TICK

I agree to abide by the rules of my club and of SLSGB including the codes of conduct and child welfare policy & procedures.	<input type="checkbox"/>
SLSGB holds the enclosed information in accordance with the Data Protection Act 1998 and where appropriate, may share this information with the RNLI under the terms of the Strategic Partnership. If you DO NOT wish for this information to be shared, please tick the box.	<input type="checkbox"/>
Please indicate if you DO NOT wish to receive communications direct from SLSGB.	<input type="checkbox"/>
I confirm that I understand the details of the activity and consent to my child taking part in the activities indicated. I acknowledge that the club will be liable in the event of any accident <i>only if they have failed to take reasonable steps in their duty of care for my child</i> . I understand that the club has a common law duty to act in the capacity of a reasonably prudent parent and therefore may prevent my child from participating in activities for which they are not considered capable.	<input type="checkbox"/>
I hereby give permission for the club to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my child's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.	<input type="checkbox"/>
I hereby give permission for SLSGB representatives e.g. Team Manager to photograph/video my child during their involvement in the activities. I understand that these may be used for publication.	<input type="checkbox"/>
SIGNED	
(MEMBER)	
DATE	

PARENT/GUARDIAN DETAILS

TITLE	FORENAME
SURNAME	
ADDRESS	
POSTCODE	
EMAIL	
TELEPHONE	
MOBILE	

MEDICAL DETAILS (for Club information)

DO YOU HAVE ANY SPECIFIC MEDICAL CONDITIONS REQUIRING MEDICAL TREATMENT AND/OR MEDICATION?	
NO	<input type="checkbox"/>
YES	<input type="checkbox"/>
IF YES, PLEASE SPECIFY	
DO YOU HAVE ANY ALLERGIES?	
NO	<input type="checkbox"/>
YES	<input type="checkbox"/>
IF YES, PLEASE SPECIFY	
PLEASE PROVIDE DETAILS OF SPECIAL REQUIREMENTS, TREATMENT AND/OR MEDICATION THAT YOU DO NOT GIVE PERMISSION TO RECEIVE.	

MEMBERSHIP DETAILS (age on the 1st January)

NIPPER (7 – 13 years)	<input type="checkbox"/>	YOUTH (13 – 17 years)	<input type="checkbox"/>	SENIOR (18+ years)	<input type="checkbox"/>
SOCIAL (18+ years)	<input type="checkbox"/>				
ARE YOU NEW	<input type="checkbox"/>	RENEWING	<input type="checkbox"/>	RETURNING	<input type="checkbox"/>
NO. OF YEARS A MEMBER			NO. OF YEARS LAPSED		
REASONS FOR MEMBERSHIP			REASONS FOR LAPSE		

REMITTANCE DETAILS

Membership runs from the 1st January until the 31st December each year

PAID
(for Club use)

CLUB MEMBERSHIP FEE	£	<input type="checkbox"/>
SURF LIFE SAVING GB FEE	£ 15.00	<input type="checkbox"/>
TOTAL FEES	£	<input type="checkbox"/>
I ENCLOSE A CHEQUE FOR: £		

Please make cheques payable to Surf Life Saving GB and Send your completed form to your Club Secretary/ Surf Life Saving GB, 19 Southernhay West, Exeter, EX1 1PJ

PARENTAL CONSENT (to be signed for members under 18 years)

SIGNATURE
(CONSENT BY PARENT/GUARDIAN)
DATE

Making Memberships Go 28% Further

I would like to Gift Aid this donation.

For every UK taxpayer* paying for a membership (including parents completing the form on behalf of a child), Gift Aid enables us to boost the value by 28p for every £1 – which means an additional £3.75 for every qualifying member - and it won't cost you a penny!

*To qualify for Gift Aid, you must pay an amount of UK Income Tax and/or Capital Gains Tax at least equal to the (basic rate) tax that the charity claims on your donations in the appropriate tax year.

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