



**SOUTH WEST ROCKS
SURF LIFE SAVING CLUB**

SOCIAL MEMBERSHIP 2017/2018 APPLICATION

- MEMBERSHIP TYPE -

- INITIAL MEMBERSHIP
 RENEWING MEMBERSHIP
 MEMBERSHIP NUMBER: _____
 \$10 MEMBERSHIP PICK-UP CARD
 \$12 MEMBERSHIP MAIL-OUT CARD

TITLE:	FIRST NAME:	LAST NAME:	
ADDRESS:			
SUBURB:		STATE:	P/C:
EMAIL:			
PHONE:		DATE OF BIRTH:	

Applicant must be over the age of 18 years.

Please note: Membership Expires 30th June 2018

I hereby agree to abide by the rules and conditions of the South West Rocks Surf Life Saving Club and declare that the information provided is true and correct to the best of my knowledge.

Signature: _____

Date: ____/____/____

- OFFICE USE ONLY -

Identification Type Sighted (please tick): () Drivers Licence () Passport () I8+ Card ID# _____

Card Printed Date: ____/____/____

Entered By: _____

Membership # _____

Approved By: _____

SWRSLSC is subject to the provisions of the Privacy Act 1988, the personal information provided by you on this application & any attached documents will be used to process your membership application. Failure to provide all of the requested information may result in your application being delayed or rejected. The Club does not usually provide your personal information to any other organisation or person unless required by law to do so. Your personal information, including information about you obtained as a result of using your membership card may be used by the club for marketing purposes to improve your services & to provide you with the latest information about those services & any new services & promotions.