

Centre stamp

MEMBERSHIP APPLICATION FORM



FULL CENTRE NAME
(where applicable)

MEMBERSHIP NO.

PERSONAL DETAILS

TITLE FORENAME

SURNAME

ADDRESS

POSTCODE

EMAIL

D.O.B

MALE

FEMALE

TELEPHONE

MOBILE

EMERGENCY CONTACT & TEL NO.

ADDITIONAL DETAILS

COMMITTEE POSITION (where applicable)

HOW WOULD YOU DESCRIBE YOUR ETHNIC ORIGIN?

WHITE

ASIAN

AFRO-CARIBBEAN

AFRICAN

CHINESE

OTHER (please specify)

WOULD YOU CONSIDER YOURSELF TO BE DISABLED?

YES

NO

OCCUPATION

OTHER HOBBIES

MEMBERSHIP DETAILS (age on date of joining SLSGB)

NIPPER (5 – 12 years)

YOUTH (13 – 17 years)

SENIOR (18+ years)

SOCIAL (18+ years)

NO. OF YEARS A MEMBER

NO. OF YEARS LAPSED

REASONS FOR MEMBERSHIP

REASONS FOR LAPSE

For insurance reasons Nippers cannot join until their fifth birthday.

DECLARATION (for all members)

I agree to abide by the rules of my centre and, of SLSGB, including the codes of conduct and child welfare policy & procedures. (Documents available at www.sls.gb.org.uk or upon request).

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.

Please tick the box if you are happy for this information to be shared with the RNLI.

Please tick the box if you are happy for this information to be shared with our training partners.

As a member of Surf Life Saving GB, I look forward to receiving news about the activities and events available to me via post, email, telephone and text.

SIGNATURE (MEMBER)

DATE

Making Membership Go Much Further

Gift Aid:

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand that the Charity will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

MEDICAL DETAILS (for Centre information)

DO YOU HAVE ANY SPECIFIC MEDICAL CONDITIONS REQUIRING MEDICAL TREATMENT AND/OR MEDICATION?

NO

YES

IF YES, PLEASE SPECIFY

DO YOU HAVE ANY ALLERGIES?

NO

YES

IF YES, PLEASE SPECIFY

PLEASE PROVIDE DETAILS OF SPECIAL REQUIREMENTS, TREATMENT AND/OR MEDICATION THAT YOU **DO NOT** GIVE PERMISSION TO RECEIVE.

PARENT/GUARDIAN DETAILS (to be signed for members under 18 years)

TITLE

FORENAME

SURNAME

ADDRESS

POSTCODE

EMAIL

TELEPHONE

MOBILE

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 centre will be liable in the event of any accident *only if they have failed to take reasonable steps in their duty of care for my child*. I understand that the centre 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.

I hereby give permission for the centre 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.

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.

SIGNATURE (CONSENT BY PARENT/GUARDIAN)

DATE

REMITTANCE DETAILS

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

PAID (for Centre use)

CENTRE MEMBERSHIP FEE

£

SURF LIFE SAVING GB FEE

£ 23.00

TOTAL FEES

£

Send your completed form and fee to your centre secretary. (Please ask your centre secretary for payment methods). If you don't belong to a centre please send your form and fee to Surf Life Saving GB, 19 Southernhay West, Exeter, EX1 1PJ, making cheques payable to Surf Life Saving GB.

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Please treat as Gift Aid donations all qualifying gifts of money made: Please tick all boxes you wish to apply

Now, in the past 4 years & the future

Now & in the future

Now

None, my tax circumstances do not fulfil the criteria

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Adults can claim
for children