

MARINE SURF LIFESAVING CLUB

34 Erskine Terrace (Addington Beach Complex), Durban, South Africa
P.O. Box 38185, Point, Kwa Zulu Natal, 4069, South Africa
Tel: 064 9732185 E-mail: secretary@marineslc.co.za

APPLICATION FOR MEMBERSHIP

ATTACH
PHOTO
HERE



PERSONAL DETAILS

Surname					First Names				
Residential Address									
Postal Address								Postal Code	
Telephone	H		W		C		F		
E-Mail Address									
Date of Birth			Present Age		Sex		I.D. No.		
Employer					Occupation				

MEMBERSHIP STATUS REQUIRED (Please tick) – Age group cut off determined by age @ 30 September.

<u>MEMBERSHIP CATEGORIES</u>		<u>SUBSCRIPTIONS</u>	<u>RACK FEE PER RACK</u>	<u>COST</u>
LIFESAVING DUTY SENIOR (over 18 yrs.)		R1600.00 pa	Free – 2 nd rack R 1000.00	R
LIFESAVING DUTY JUNIOR (14-18yrs)		R1600.00 pa	Free – 2 nd rack R1 000.00	R
LIFESAVING NIPPER (under 14) + 1 parent minimum		R1500.00 pa	N/A	R
NIPLET (U7)		R1500.00 pa	N/A	R
LIFESAVING ACTIVE RESERVE SENIOR (over 18 yrs.)		R 1600.00 pa	R1000.00	R
LIFESAVING ACTIVE RESERVE JUNIOR (14-18yrs)		R 1600.00 pa	R 1000.00	R
LIFESAVING MAILIBU RACKS (Non duty members)		N/A	R 550.00	R
ASSOCIATE MEMBERSHIP		R 1300.00 pa	N/A	R
SURFSKI /CANOEING MEMBERSHIP		R 1300.00 pa	R 1000.00	R
SWIMMING MEMBERSHIP		R 1300.00 pa	R 1000.00	R
SURFING MEMBERSHIP		R 1300.00 pa	R 550.00	R
STAND UP PADDLE BOARD MEMBERSHIP		R 1300.00 pa	R 1000.00	R
CLUB FAMILY MEMBERSHIP 2 Adults & 2 children 3 rd /4 th /5 th children		R 3000.00 pa R 500 each	R 1000.00	R R

ADDITIONAL INITIAL REQUIREMENTS:

Admin / Joining Fee - per member paid upon joining (Once Off)	R 200.00	R
Access Disc	R 100.00 per disk	R
Certified copies of Birth Certificates / ID's	TOTAL DUE	

LIFESAVING SECTION MEMBERSHIP

If applicable, kindly record below details of previous lifesaving club memberships.

NAME OF CLUB	PERIOD OF MEMBERSHIP	REASON FOR LEAVING
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LIFEGUARD AWARDS:

Are you the holder of any LIFEGUARD AWARD?	YES	NO	If YES please list awards
Date awarded	Do you have a current retest	YES	NO Date & venue completed

Please attach certified copies of any Lifesaving Awards already held.

Swim Test (JLA 400m < 9 minutes SLA 400< 8 minutes) Time: _____ Examiner signature _____ Date _____

FAMILY MEMBERSHIP SECTION - If applicable, kindly record below details of the family members

NAME OF MEMBER	RELATIONSHIP TO MAIN MEMBER	DATE OF BIRTH	SECTION JOINING
(FATHER, MOTHER, SON, DAUGHTER, BROTHER, SISTER)			
IF APPLICABLE			SUBSCRIPTION DUE

BACKGROUND INFORMATION

1. Who introduced you to Marine S.L.C.?

2. Why would you like to join?

3. Do you have a sporting background? If so, please tell us about it.

4. Is there anybody in the club who you are familiar with?

5. Do you have any craft of your own, and if so, what craft?

6. Do you need craft storage space?

7. Are you interested in participating in lifesaving championships, surf ski training sessions or races?

8. What events would interest you?

I, the undersigned, acknowledge that within 3 (three) months of being accepted as a member of Marine Surf Lifesaving Club, I will attempt to obtain a Surf Lifeguard Award should this be applicable to the membership category I have applied for above, if this award is not already held by myself. I am aware that there may be voluntary lifesaving obligations attached to my membership category. I understand that my membership may be revoked if I do not meet this requirement. I further agree to abide by the rules of the Club Constitution at all times. I also accept all privately-owned craft stored on the club premises are stored entirely at the craft owner's risk, and MARINE SURF LIFESAVING CLUB cannot be held liable for any loss or damage that may arise in this regard.

Resignations/Terminations by member.

All subscriptions and rack fees etc. will only cease to accrue on receipt of a written resignation acknowledgement by the club committee. At this point a statement will be made available outlining all outstanding fees etc.

Interest may be charged on amounts due at the discretion of the committee.

A clearance/transfer will only be granted on settlement of payments due to the club.

The member acknowledges that he has read and understood the content of the above application form.

Applicant Full Name

Signature

Date

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Juniors Under 18 - Please list parent / guardian's contact details.

Fathers Name: _____ Tel: (W) _____ (Fax): _____ (Cell): _____

Mothers Name: _____ Tel: (W) _____ (Fax): _____ (Cell): _____

PRINT NAME

SIGNATURE

DATE

CONSENT BY PARENT / GUARDIAN FOR APPLICANT UNDER 18 YEARS OF AGE.

PROPOSED BY: _____ SIGNATURE: _____

SECONDED BY: _____ SIGNATURE: _____

(Membership application must be Proposed or Seconded by a MARINE SLC Committee Member)

FOR CLUB ADMIN USE ONLY

DATE ACCEPTED		CHAIRMAN'S SIGNATURE	
MEMBERSHIP CAT		COMMENT	
FEES DUE		PAYMENT RECEIVED	
		RACK NUMBERS	