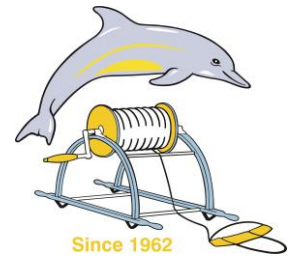




RAINBOW BAY SLSC

Member



2017/2018 MEMBERSHIP APPLICATION SUPPORTERS CLUB

Applicant must be over the age of 18 years old
Please note: Membership expires 30th April 2018

*(NB: This application will **NOT BE PROCESSED** if not fully completed or printed clearly)*

Membership Type: () Initial Membership () Renewal: Card Membership#: _____

Mr/Mrs/Ms
(please circle) _____
Surname First Name Middle Initial

Residential Address: _____
Suburb: _____ State: _____ Postcode: _____

Postal Address: () As Above () Different to residential Address (see below)

Suburb: _____ State: _____ Postcode: _____

Date of Birth: _____ Gender: () Male () Female
(if DOB is not completed your application cannot be processed)

Phone: Mobile _____ Home _____

All Cards are to be collected from Rainbow Bay Supporters Club Bar.

Email Address: _____

Applicant's Declaration

I hereby agree to abide by the rules and conditions of the Rainbow Bay Surf Life Savers Supporters Assoc. Inc and declare that the information set out hereon is true and correct to the best of my knowledge.

Applicants Signature: _____ Date _____

OFFICE USE ONLY

STAFF MEMBER SIGHT FORM TO COMPLETE

Identification Type Sighted (please Tick): () Drivers Licence () Passport () 18+ Card
() Financial Member of Rainbow Bay Surf Life Saving Club for 2017/2018 Season

Membership Type: _____

ADMIN TO COMPLETE:

Card Printed Date: _____ Entered By: _____

Membership #: _____ Approved By: _____