



APPLICATION FOR ANNUAL AFFILIATION BY A SURF LIFE SAVING CLUB OR BRANCH

- ✓ Please print clearly.
- ✓ Please attach additional information if space is not sufficient.
- ✓ This affiliation form should be signed by an authorised senior club officer, i.e. President, Club Secretary, etc.

Privacy

These details are being collected by Surf Life Saving New South Wales (**SLSNSW**) for the purpose of application for annual affiliation by a surf lifesaving club or branch. This information will not be disclosed to third parties other than in accordance with SLSNSW's privacy policy: <https://surflifesaving.com.au/privacy-policy>.

SLSC/Branch seeking affiliation:

Name:

Address:.....

ABN:

Acknowledgement

By affiliating with SLSNSW, the Club/Branch acknowledges and agrees to be bound by, and comply with, the SLSNSW Constitution and Regulations, any applicable patrol and/or services agreement and applicable SLSA rules and policies.

Declaration

Please be advised that at a duly constituted meeting of the above Club/Branch held on (date) the following resolution was carried:

*That affiliation be sought for the season with
..... (insert name of Branch if a Club)
and Surf Life Saving New South Wales.*

Accordingly, application for affiliation is submitted.

Name of authorised officer signing this form
(first name) (last name)

Office held.....

Signature

Date

Payment details (where applicable)

The required affiliation fee of \$..... is attached.