



## 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 a Senior Club Officer, i.e. President, Club Secretary, etc.

### Privacy

These personal details are being collected by Surf Life Saving for the purpose of application for annual affiliation by a surf lifesaving club or branch. This information will not be disclosed to third parties. You have the right to access the information held about you by these Surf Life Saving. Name of club/branch seeking affiliation

Name of club/branch seeking affiliation \_\_\_\_\_

### 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 or State/Territory Centre)

Accordingly, application for affiliations is not submitted.

Name of officer signing this form	_____	_____
	(First name)	(Last name)
Office held	_____	
Signature	_____	
Date	_____	

### Payment details (where applicable)

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