



**SURF LIFE SAVING QUEENSLAND
CLUB AFFILIATION FORM
2018/2019 SEASON**

| | | | |
|--------------------------|--|------------------------|--|
| CLUB: | | POSTAL ADDRESS: | |
| ADDRESS: | | WEBSITE: | |
| PHONE (LANDLINE): | | FAX: | |
| CLUB EMAIL: | | CLUB ABN: | |

The Club is requested to provide details of the following individuals, who may or may not be a member of the Management Committee

| POSITION | NAME | EMAIL | POSTAL ADDRESS | MOBILE |
|--|------|-------|----------------|--------|
| ADMINISTRATOR (PAID) (If applicable) | | | N/A | |
| GENERAL MANAGER (If applicable) | | | N/A | |
| PRESIDENT <input checked="" type="checkbox"/> Mgmt Cte | | | | |
| DEPUTY PRESIDENT <input type="checkbox"/> Mgmt Cte | | | | |
| SECRETARY <input checked="" type="checkbox"/> Mgmt Cte | | | | |
| TREASURER <input checked="" type="checkbox"/> Mgmt Cte | | | | |



| POSITION | NAME | EMAIL | POSTAL ADDRESS | MOBILE |
|--|------|-------|----------------|--------|
| DIRECTOR OF LIFESAVING <input type="checkbox"/> Mgmt Cte | | | | |
| DEPUTY DIRECTOR LIFESAVING <input type="checkbox"/> Mgmt Cte | | | | |
| DIRECTOR OF SURF SPORTS <input type="checkbox"/> Mgmt Cte | | | | |
| CHIEF TRAINING OFFCIER <input type="checkbox"/> Mgmt Cte | | | | |
| JAC CHAIRMAN <input type="checkbox"/> Mgmt Cte | | | | |
| YOUTH DEVELOPMENT OFFICER <input type="checkbox"/> Mgmt Cte | | | | |
| MEDICAL OFFICER <input type="checkbox"/> Mgmt Cte | | | | |
| COMMUNICATIONS OFFICER <input type="checkbox"/> Mgmt Cte | | | | |



| POSITION | NAME | EMAIL | POSTAL ADDRESS | MOBILE |
|---|------|-------|----------------|--------|
| IRB OFFICER <input type="checkbox"/> Mgmt Cte | | | | |
| SAFETY ADVISOR <input type="checkbox"/> Mgmt Cte | | | | |
| GRIEVANCE OFFICER <input type="checkbox"/> Mgmt Cte | | | | |
| MPIO <input type="checkbox"/> Mgmt Cte | | | | |



| | | | |
|--|--|-----------------------|--|
| AUDITORS DETAILS | | | |
| NAME: | | ADDRESS: | |
| COMPLIANCE DETAILS | | | |
| CLOSING DATE OF FINANCIAL YEAR: | | 2018 AGM DATE: | |
| DECLARATION TO SLSQ | | | |

Please be advised that at the constituted Annual General Meeting (AGM) of the association held on _____, the following resolution was carried:

“That the Club seeks to formally affiliate with the _____ Branch, Surf Life Saving Queensland Inc. and Surf Life Saving Australia Ltd and further that the Club agrees to abide by the Constitutions, Rules and Regulations, Policies and resolutions together with the awards and equipment of Surf Life Saving Queensland Inc. and Surf Life Saving Australia Ltd.”

| | | |
|------------------|-------|-----------------------------|
| SIGNED: | _____ | Club President |
| | _____ | Club Secretary |
| ENDORSED: | _____ | Branch Administrator |