

THE SURF CLUB



2010/2011 MEMBERSHIP FORM

Please complete all of the personal details and return with payment to
m: PO Box 295, Noosa Heads, QLD 4567 e: info@sunshinebeachslsc.com.au
p +61 7 5447 5491 f +61 7 5447 2005

SUNSHINE BEACH
1ST Applicant:

Title:	First name:	Surname:
Address:		
Suburb:	State:	Postcode:
Phone:		Mobile:
Email Address:		
Male/Female:	Date of Birth:	Current Membership Number:
Occupation:		

2nd Applicant: (For Dual Memberships Only—applicants must reside at the same address)

Title:	First name:	Surname:
Phone:		Mobile:
Email Address:		
Male/Female:	Date of Birth:	Current Membership Number:
Occupation:		

MEMBERSHIP DECLARATION — Must be completed

Proof of membership/reciprocal membership or proof of your residential address is required each time you visit the Club. This is a Queensland Government - Liquor Licensing regulation, so please assist our reception staff by having the appropriate ID available.

The Sunshine Beach Surf Club social membership year begins on 1 July and finishes on 30 June of each year. If you have not renewed your membership at this time, we will forward a renewal form and your membership status will be deemed un-financial until such time that your membership is renewed. This is a Surf Club social membership and does not bestow voting rights

The information collected on this form is used to process your application. Sunshine Beach Surf Life Saving Supporter's Association (SBSLSSA) may give some or all of this information to Surf Life Saving Qld, as necessary, to process your application. Unless otherwise stated, any personal information collected on these forms will be used only for the purposes for which it was obtained and will be disclosed only for the purpose of administering your application, or as required by law. Information collected on this form will be retained as required by the Public Records Act 2002 & other relevant Acts and regulations, and may be subject to release under the Freedom of Information Regime, established by the Freedom of Information Act 1992. SBSLSSA respects your right to privacy and is committed to protecting it.

I declare that I am over the age of 18 years, and if accepted, agree to abide by the Club rules as well as Liquor and Gaming Laws.

I authorise my details to be used for Club marketing purposes Yes No

Signature: _____

Signature: _____

PAYMENT DETAILS: Email info@sunshinebeachslsc.com.au Fax: 07 5447 2005 Post: PO Box 295 Noosa Heads QLD 4567				
<input type="checkbox"/> Single: \$30	<input type="checkbox"/> Dual \$55 (2 people @ same address)			
<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Bankcard
Card No: _____ / _____ / _____ / _____			Card expiry date: ____ / ____	