

CLUB AFFILIATION APPLICATION FORM



CLUB DETAILS

FULL CLUB NAME		*
CAP COLOURS * / /		
(Or please email a jpeg to mail@sls.gb.org.uk)		
ADDRESS/LOCATION		
POSTCODE	<input type="text"/>	<input type="text"/>
COMPANY NO.	<input type="text"/>	<input type="text"/>
VAT NO.	<input type="text"/>	<input type="text"/>
CHARITY NO.	<input type="text"/>	<input type="text"/>

NOMINATED CONTACT (for all public enquiries)

TITLE	FORENAME
SURNAME	
ADDRESS	
POST CODE	<input type="text"/>
TELEPHONE	<input type="text"/>
MOBILE	<input type="text"/>
EMAIL	

AFFILIATION DETAILS

ACTIVITIES (you may tick more than one)		
PATROLS <input type="checkbox"/>	FIRST AID PROVISION <input type="checkbox"/>	LIFEGUARD TRAINING <input type="checkbox"/>
BEACH/SURF LIFE SAVING SPORT <input type="checkbox"/>	POOL LIFE SAVING SPORT <input type="checkbox"/>	LIFE SAVING TRAINING <input type="checkbox"/>
NIPPER PROGRAMME <input type="checkbox"/>	COMMUNITY EDUCATION <input type="checkbox"/>	YOUTH DEVELOPMENT <input type="checkbox"/>
OTHER (PLEASE SPECIFY) <input type="text"/>		
OTHER ACTIVITIES/AFFILIATIONS (you may tick more than one)		
LIFE SAVING <input type="checkbox"/>	ATHLETICS <input type="checkbox"/>	BCU <input type="checkbox"/>
SURFING <input type="checkbox"/>	TRIATHLON <input type="checkbox"/>	ASA/WASA <input type="checkbox"/>
KAYAKING <input type="checkbox"/>	RLSS UK <input type="checkbox"/>	UKSRL <input type="checkbox"/>
SWIMMING <input type="checkbox"/>	BSA <input type="checkbox"/>	UKA <input type="checkbox"/>
ROWING <input type="checkbox"/>	BTA <input type="checkbox"/>	OTHER <input type="text"/>

REMITTANCE DETAILS

Affiliation runs from 1st January till 31st December each year	£
CLUB AFFILIATION FEE	FREE*
CLUB PUBLIC INDEMNITY INSURANCE FEE	FREE
TOTAL FEES	FREE

* In order to enjoy free affiliation a club must have a minimum of 5 SLSGB members, otherwise a charge will be levied at £50.00, due to the club-related insurance costs involved.

DECLARATION

We agree to abide by the rules of SLSGB including the codes of conduct and safeguarding policy & procedures.	<input type="checkbox"/>
We have enclosed a copy of the Club's constitution including its aims & objectives (if not already lodged).	<input type="checkbox"/>
SLSGB holds the enclosed information in accordance with the Data Protection Act 1998 and, where appropriate, may share this information with the RNLI under the terms of the Strategic Partnership.	<input type="checkbox"/>
Please tick the box if you are happy for this information to be shared with the RNLI.	<input type="checkbox"/>
Please tick the box if you are happy for this information to be shared with our training partners.	<input type="checkbox"/>
We agree to ensure that all our active members are full & current members of SLSGB.	<input type="checkbox"/>
NAME	
POSITION	DATE / /
SIGNED	

TRUSTEES/COMMITTEE (please use continuation sheet if necessary)

CHAIRMAN			
TITLE	NAME	SURNAME	
ADDRESS			
			POSTCODE
TELEPHONE	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL			

Please indicate if you DO NOT wish to receive communications direct from SLSGB

SECRETARY			
TITLE	NAME	SURNAME	
ADDRESS			
			POSTCODE
TELEPHONE	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL			

Please indicate if you DO NOT wish to receive communications direct from SLSGB

TREASURER			
TITLE	NAME	SURNAME	
ADDRESS			
			POSTCODE
TELEPHONE	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL			

Please indicate if you DO NOT wish to receive communications direct from SLSGB

TRAINING OFFICER			
TITLE	NAME	SURNAME	
ADDRESS			
			POSTCODE
TELEPHONE	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL			

Please indicate if you DO NOT wish to receive communications direct from SLSGB

COMPETITION OFFICER			
TITLE	NAME	SURNAME	
ADDRESS			
			POSTCODE
TELEPHONE	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL			

Please indicate if you DO NOT wish to receive communications direct from SLSGB

FUNDRAISING OFFICER			
TITLE	NAME	SURNAME	
ADDRESS			
			POSTCODE
TELEPHONE	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL			

Please indicate if you DO NOT wish to receive communications direct from SLSGB

SAFEGUARDING OFFICER			
TITLE	NAME	SURNAME	
ADDRESS			
			POSTCODE
TELEPHONE	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL			

Please indicate if you DO NOT wish to receive communications direct from SLSGB