

APPLICATION FOR ACTIVE RESERVE

Date of Application _____

Surname _____

Given Name(s) _____

Membership Number _____

CRITERIA 8 years active service in a SLSC (include past memberships if a member from other clubs) Met minimum patrol requirements of 24 hours per season		OFFICE USE
Year bronze medallion attained		
YEARS OF SERVICE:	TOTAL YEARS:	
Sorrento SLSC		
Other:		
Other:		
Other:		
OTHER ROLES/COMMENTS/REASONS:		
Attach extract of patrol hours log substantiating the 240 hours from members portal https://members.sls.com.au/SLSA Online/modules/login/index.php		

Applicant (sign) _____

BEACH COMMITTEE

Date Discussed _____

Recommendation Yes No

COMMENT

Life Saving Director (sign) _____

(name) _____

(date) _____

BOARD OF MANAGEMENT

Date Discussed _____

Approved Yes No

COMMENT

President (sign) _____

(name) _____

(date) _____