

# APPLICATION FOR LONG SERVICE

Date of Application \_\_\_\_\_  
 Surname \_\_\_\_\_  
 Given Name(s) \_\_\_\_\_  
 Membership Number \_\_\_\_\_

<b>CRITERIA</b> Minimum 10 years active service in a SLSC (include past memberships if a member from other clubs) Met minimum patrol requirements of 24 hours per season for 10 years. (not required to be consecutive years) Have upheld club code of conduct and behaviour		<b>OFFICE USE</b>
Year bronze medallion attained		
<b>YEARS OF SERVICE:</b>	<b>TOTAL YEARS:</b>	
Sorrento SLSC		
Other:		
Other:		
Other:		
<b>OTHER ROLES/COMMENTS/REASONS:</b>		
Attach extract of patrol hours log substantiating the 240 hours from members portal <a href="https://members.sls.com.au/SLSA_Online/modules/login/index.php">https://members.sls.com.au/SLSA_Online/modules/login/index.php</a>		
Applicant (sign)		

**BEACH COMMITTEE**

Date Discussed \_\_\_\_\_

Recommendation                      Yes                       No

**COMMENT**

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Life Saving Director (sign) \_\_\_\_\_

(name) \_\_\_\_\_

(date) \_\_\_\_\_

**BOARD OF MANAGEMENT**

Date Discussed \_\_\_\_\_

Approved                      Yes                       No

**COMMENT**

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President (sign) \_\_\_\_\_

(name) \_\_\_\_\_

(date) \_\_\_\_\_