



**MOUNT MAUNGANUI**  
LIFEGUARD SERVICE

PO Box 5137 Mount Maunganui  
Phone: (07)575 5595 Fax: (07)575 7899 Email: info@mountlifeguards.co.nz

**APPLICATION FOR MEMBERSHIP**

**1. Personal Details**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Numbers- Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Please advise us if your details change (including e-mail address)

**2. Emergency Contact Details (who to contact in case of an emergency)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Phone Number/s: \_\_\_\_\_  
Relationship to Member: \_\_\_\_\_

**3. Membership Category Details**

I/we wish to join the Mount Maunganui Lifeguard Service as a: Fees as at 1/9/11

❖ **Active Family (must have a patrolling, junior or qualifying member)**  \$140.00  
Names of Family Members:  
1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

❖ **Patrolling Member**  \$10.00

❖ **Patrolling and Competing Member**  \$85.00

(Competitors will also need to pay training & gear rental fees)

❖ **Qualifying Member (to do Surf Lifeguard Award)**  \$100.00

If joining as a patrolling or qualifying member:

○ Do you hold any Surf Lifesaving New Zealand awards? YES / NO

If YES, what award/s: \_\_\_\_\_

○ Have you ever belonged to any other Surf Lifesaving Club? YES / NO

If YES, which Club/s & when: \_\_\_\_\_

❖ **Associate Member (1 person)**  \$150.00

❖ **Associate Family (non Active)**  \$180.00

❖ **Gym Member**  \$250.00



**4. Proposer and Seconder Details**

The following current financial members of the Mount Maunganui Lifeguard Service support my application:

Proposers Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Seconders Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**5. Declaration**

**Mount Maunganui Lifeguard Service  
Membership Application and Declaration**

I, the undersigned apply for membership of the Mount Maunganui Lifeguard Service. In so applying and in consideration of my application for membership being accepted by the Board of Directors I acknowledge and agree that:

1. "Mount Maunganui Lifeguard Service" for the purposes of this declaration means and includes Mount Maunganui Lifeguard Service and its Directors, officers, members, servants or agents.
2. If accepted I will be a member of the Mount Maunganui Lifeguard Service, Surf Lifesaving Bay of Plenty and Surf Lifesaving New Zealand.
3. This document cannot be amended. If I do amend it my application will be null & void and cannot be accepted by Mount Maunganui Lifeguard Service.
4. I will be bound by the Mount Maunganui Lifeguard Service Constitution and any Regulations, Policies and Rules made under it. (Copies of the Constitution, Regulations and Policies are available on request from the Mount Maunganui Lifeguard Service office).
5. I have provided the information required overleaf and signed this form.
6. I give permission for my name to be entered onto the database and for Club information to be distributed to me.
7. I have read, understood, acknowledge and agree to the above declaration. I acknowledge that if my application for membership is successful I will be entitled to all benefits, advantages, privileges, services and obligations of Mount Maunganui Lifeguard Service membership.

Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Where an applicant is under 18 years of age this form must also be signed by the applicant's parent or legal guardian.

I \_\_\_\_\_, am the parent or guardian of the applicant. I agree to be responsible for the applicant's behaviour and agree to personally accept the conditions set out in this membership application and declaration.

Parent's/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**6. Payment Details**

Fees Paid: \$\_\_\_\_\_ Cash/Cheque/Eftpos Receipt No: \_\_\_\_\_ Date: \_\_\_\_\_

**7. Office Use Only**

Date Application Received: \_\_\_\_\_ Approved/Declined by Board of Directors- Date: \_\_\_\_\_  
Signature of Club Officer: \_\_\_\_\_

Membership Category Allocated: \_\_\_\_\_

ENTER: MYOB SLSNZ # Carpark Card #  
EMAIL GROUPS - Patrol / Comp / JS / Assoc / SLGA  
CLUB LISTS - Subs / Quals / Patrol / SLGA

Membership Letter Sent- \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_