

Membership Application

2018

*Affiliated with*



**2018-2019 Season Membership**

**New Members** Joining Fee:  $25 (per Family) or (Per Senior) or (Per Junior) Membership

 plus

 Annual fee: (please tick) **Family $60** (includes students up to and including 18 years)

 ** $35 Senior** (over 16 yrs.) **$35 Junior** (under 16 yrs.)

I/We wish to become member(s) / renew our membership of Edithvale Life Saving Club Inc. and agree to be bound by all the rules of the club.

FAMILY NAME: (block letters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P/Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member details- please list all members to be covered by membership:

\****All members 18 years & over are required to hold a ‘Working with Children Check’***

***Please refer to the attached information page for details***

Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*\**Proof sighted by \_\_\_\_\_*

Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*\**Proof sighted by \_\_\_\_\_*

Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*\**Proof sighted by \_\_\_\_\_*

Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*\**Proof sighted by \_\_\_\_\_*

*\*\*Nippers are placed into Age Groups based on age at midnight 30th September, Nippers not participating in the correct age group are not eligible for Awards and ribbons.*

*\*\*\*Medical conditions or allergies suffered by any Family member are to be listed over page and treatment plans to be*

 *handed in prior to first attendance.*

***Membership entitles nominated member(s) only to use the club facilities, in accordance with the club rules.***

 How did you find out about Edithvale Life Saving Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

There are many ways in which you can become involved in club activities. Please indicate below which areas are of interest to you

 or that you feel you may be able to assist with:

**** Patrol **** Nippers training **** Committee **** Fundraising

**** Helping with social event **** Working bees **** Administrative assistance **** Other

*Please ensure all information relating to your address, phone numbers, date of birth and the official date that you joined the club have been completed.*

*This information will enable ELSC to complete your registration with Life Saving Victoria (LSV) and is vital to ensure you are covered by insurance while on*

 *the premises &/or during training sessions.*

I/We understand that this membership nomination will be lodged with and approved by the ELSC Committee and a three (3) month probation period

will apply. I/We further understand that copies of **Responsible Alcohol Policy, Club Constitu­tion & Rules and Members Protection Policy** can be

supplied by the Club Secretary, on request. I/we consent to the use of photographs that may be taken of me/us at ELSC events/activities, for the purpose

of use in advertisements and club pro­motional material. **As the parent or guardian** of an applicant under the age of 16 years, I expressly agree to be

responsible for the applicant's behavior and agree to personally accept the conditions set out in this membership application and declaration including

the provision by me of a release and indemnity in the terms set out above.

*(As a requirement of LSV Surfguard, all members included* on the *application who are* ***over 16* yrs. *must sign****)*

Signature 1: Name:……………………………………………...

Mobile No. ………………………………………………………………………

Signature 2: Name:……………………………………………...

Mobile No. ………………………………………………………………………

Signature 3: Name:……………………………………………...

Mobile No. ………………………………………………………………………

Signature 4: Name:……………………………………………...

Mobile No. ………………………………………………………………………

Signature 5: Name:……………………………………………...

Mobile No. ………………………………………………………………………

**\*\*\***MEDICAL DETAILS

If you suffer or you have suffered from any disease or any physical or mental disability (e.g. Epilepsy, diabetes or any permanent disability to a limb, eye or ear) likely to affect your efficiency as a Club member, it may affect your safety and the safety of the public. You should consult your medical practitioner and ELSC prior to commencing any surf lifesaving activity.

* Asthma [treatment plan to be handed to Secretary for filing for future reference and Age Manager will be notified if a Nipper participant]

Name……………………………………………………………………………………

* Allergies [treatment plan to be handed to Secretary for filing for future reference and Age Manager will be notified if a Nipper participant]

Name…………………………………………………………………………………..

[Add to additional sheet if more space is required]

**Payment options**

Cheques & money orders payable to Edithvale Lifesaving Club.

Cash payment accepted on open day or at 1st Nipper Training

EFT directly to the Edithvale Life Saving Club account using your Family name as payee reference.

 \*\*\* you must still return renewal form including the receipt details to the club so we can process renewal.

 Deposit details – **BBS 063118** Account details – **10077008**  EFT receipt number \_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Office Use Only.** | **Date** | **Signature**  |
| Receipt No: |  |  |
| Accepted at Committee Meeting |  |  |
| President  |  |  |
| Treasurer |  |  |
| Entered on Surfguard  |  |  |
| Entered on Database |  |  |
| Secretary  |  |  |
|  |  |  |

*Information pages do not return with membership application*

\*WORKING WITH CHILDREN CHECK

 Edithvale Life Saving Club requires that all members over the age of eighteen (18) years hold a valid Working With

 Children Check (WWCC) as the use of club facilities, toilets and change rooms, will involve direct contact with members

 under the age of 18. This contact means that the WWCC policy must be broadly applied.

 If you wish to supervise your child whilst undertaking the Nipper programme and enter club facilities you will be required

 to be a paid up member of Edithvale Life Saving Club and hold a WWCC card.

 Edithvale Life Saving Club and Life Saving Victoria is committed to the health, safety and wellbeing of all its members

 and is dedicated to providing a best practice approach to ensure a safe environment for those participating in lifesaving

 activities. Our moral obligation to protect young members (U18) and, the now State legal requirement to ensure all young

 members are protected from physical and sexual harm.

 *The Committee of Edithvale Life Saving Club appreciates your assistance in obtaining the WWCC and keeping our young*

 *members safe.*

 In 2006, the Victorian Government introduced a new checking system to help protect children under 18 years of age from physical or sexual harm.

 The Working with Children Check (WWCC) creates a mandatory minimum checking standard across Victoria. The WWC Check helps to keep children

 safe by preventing those who pose a risk to the safety of children from working with them, in either paid or volunteer work.

 **Note:** these are free for Volunteers.

 ***Application forms can be completed online and lodged through your local post office.***

 **ELSC must receive a copy of your WWCC from the Department of Justice [DOJ] to enable your application to be processed.**

 ***Follow these steps to have the information forwarded to Edithvale Life Saving Club if you currently hold a WWCC.***

* Log on to the Department of Justice with your current working with children check number, enter your password or create a password for this account. Add the organisations as listed at the bottom of the form. Should you already have Edithvale listed as an organisation, remove ELSC from the list, log out and then log back in and add ELSC, this will the prompt the DOJ to forward a copy of your current WWCC information to the club.

 Or

 ***To Obtain a WWCC [Volunteer]***

* All applications must be started online

 Online Application Forms

1. Go to the WWC Check website [www.workingwithchildren.vic.gov.au](http://www.workingwithchildren.vic.gov.au)
2. Fill out the form online
3. Print out the Application Summary and Receipt with all the details you entered.
4. Go to a participating Australia Post outlet to lodge your application, taking with you – the Application Summary and Receipt, relevant proof of identity documents, a passport size photo.

 The code for Clubs and Associations is 42 and the code for coaching and tuition is 28.

 ***Exemptions***

The *Working With Children Act 2005* provides for exemptions to Police Officers and VIT registered teachers.

Life Saving Victoria and therefore Edithvale Life Saving Club, due to its affiliation, requires these people to have a WWC Check – *despite their exemption under the Act.*

The reason being that a VIT registered teacher or a Police Officer who is a member of a Life Saving Club who has committed an offence would still be interacting with children. For this reason Life Saving Victoria requires all members over the age of 18 to have a valid WWC Check specific to Life Saving Victoria and their associated Life Saving club.

The WWC Check creates that vital link to ensure any alleged breaches (despite employment) can be picked up by the Department of Justice, who then reviews and if deemed appropriate, informs all relevant voluntary organisations.

 Paid/Volunteers Checks

 If a member already has a paid WWC Check it is possible to add a volunteer organisation to the employee WWC

 Check. However a volunteer check cannot be updated to include an employer organisation.

Organisation details to be included in your application

Edithvale Life Saving Club Life Saving Victoria

PO Box 2034 P O Box 353

Edithvale Victoria 3196 South Melbourne Vic 3205

0397723968 03 9676 6900