



Application for SLSA Long Service Awards

- ✂✂ This application may be lodged by either the member, or the member's present club. However, all details must be completed and duly endorsed as checked and correct, by a designated senior club officer.
- ✂✂ Please print clearly.
- ✂✂ Please attach additional information if space is not sufficient.
- ✂✂ Further enquires, reference and eligibility for SLSA Long Service Awards, may be referred to State Offices.
- ✂✂ Conditions for SLSA Long Service Awards are as set out in National Recognition Framework and are available on the SLSA website www.slsa.asn.au
- ✂✂ A **DUPLICATE** copy should be retained by the applicant or club and the **ORIGINAL** forwarded to your relevant state centre.

Privacy

Surf lifesaving state centres, on behalf of Surf Life Saving Australia are collecting these personal details for the purpose of assessing the applicant's eligibility for a SLSA Long Service Award. The personal information will not be disclosed to any other parties. You have the right to access the information held about you by these surf lifesaving state centres.

Surf club details

Club name	_____ SLSC _____		
Address	_____ _____		
Town	State	_____	Postcode _____
Phone (H)	_____	Phone (W)	_____
Phone (M)	_____	Fax	_____
Email	_____		

This Application is Being Lodged for the following award (Please tick)

- | | |
|---|---|
| <input type="checkbox"/> 25 Years SLSA Long Service Award | <input type="checkbox"/> 30 Years SLSA Long Service Award |
| <input type="checkbox"/> 40 Years SLSA Long Service Award | <input type="checkbox"/> 50 Years SLSA Long Service Award |
| <input type="checkbox"/> 60 Years SLSA Long Service Award | <input type="checkbox"/> 70 Years SLSA Long Service Award |
| <input type="checkbox"/> 75 Years SLSA Long Service Award | |



Applicants for Long Service Awards

No.	Surname	First Name	Membership From/To (eg. 1984-1990, 1998-2003)	BM/SRC No.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Club Endorsement

I hereby declare that the above information is correct and that the applicant has completed the full membership obligations during the years as shown. Further, I have been authorised to endorse this application for SLSA Long Service Award which has been endorsed by the club.

Applicants Current Club _____	Name, position and signature of club contact _____ Name _____ Position _____ Signature	Date _____
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Branch Endorsement (if applicable)

Branch name _____	Name, position and signature of branch contact _____ Name _____ Position _____ Signature	Date _____
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