



## Training Enrolment Form

Season: 2020/21  
Date Revised: August 2016  
Version No: 5.1

### COURSE DETAILS

Course(s)		Course Start Date(s)	
-----------	--	----------------------	--

### PERSONAL DETAILS

Given Names		Surname	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth	
Address			
Suburb		Postcode	
E-mail		Telephone	
Surf Club	<i>(if applicable)</i>	CPD Number	<i>(if applicable)</i>

### GENERAL

**1. Do you speak a language other than English at home?**

No (Go to Q3)                       Yes – Please specify: \_\_\_\_\_

**2. If YES, How well do you speak English?**

Very well                       Well                       Not very well                       Not at all

**3. Do you consider yourself to have a disability, impairment or long-term condition that may affect your studies?**

No (Go to Q5)                       Yes

**4. If YES, please indicate the area of the condition:**

Hearing                                       Medical condition  
 Vision                                       Physical  
 Intellectual                                       Learning  
 Acquired Brain Impairment                       Mental Illness

Other (please specify): \_\_\_\_\_

**5. Do you wish to apply for Recognition of Prior Learning (RPL)?**

No                                       Yes (please discuss with your Trainer or Assessor)

### PRIVACY NOTICE

Surf Life Saving NSW (SLSNSW) will use the information provided by you on this enrolment form for the purpose of general participant administration, planning and communication. Information may also be submitted to the Department of Education, Employment & Workplace Relations for research, statistical & internal management purposes only. The information that you provide is collected by Surf Life Saving Australia (SLSA) and it may be shared with other Surf Life Saving organisations for the purposes of fulfilling the Surf Life Saving organisations' objectives. For health and safety purposes, you must provide this information. In supplying the requested information, you have consented to the use of the information for those purposes. Information provided will be held securely. You may access, correct or amend your personal details by contacting SLSNSW Academy Phone: (02) 9471 8000 Fax: (02) 9471 8001 or SLSA [info@slsa.asn.au](mailto:info@slsa.asn.au) / Fax: (02) 9130 8312. Consult the SLSA Privacy Policy for further information.

**IDENTIFICATION: Photo ID must be sighted for non-member / commercial courses – Driver's License as a minimum**

TYPE OF ID SIGHTED:		TRAINER INITIAL:		DATE:	
---------------------	--	------------------	--	-------	--

### Refund Policy

1. This policy is applicable to paying participants only and does not apply to participants who have received complimentary training or club/branch funded training.
2. A full refund of course enrolment fees will be made if a course is cancelled by Surf Life Saving NSW (Training Division) for any reason. This does not include club membership fees.
3. An application for refund of course fees under any other circumstance must be made in writing to Surf Life Saving NSW (Training Division) or the relevant club/branch.
4. Where cancellation is made less than five (5) working days prior to the commencement of a course, 50% of the course fees will be charged.
5. Participants who do not commence the course and do not provide a written refund request in line with 3 and 4 above, will be charged the full course fees.
6. Participants who commence the course, but leave the course early and/or do not complete the course will be charged the full course fees.
7. Refunds will be considered on a pro-rata basis for participants who fall ill or are injured to the extent they can no longer undertake the course, providing a supporting Medical Certificate is supplied to Surf Life Saving NSW (Training Division) or the relevant club/branch.
8. However, should participants wish to finalise incomplete units of competency in a future course the original fee can be used as a credit towards that course within six months of initial payment.
9. In all other cases, refunds are at the discretion of Surf Life Saving NSW Academy (Training and Assessment Division) and may be negotiated on an individual case-by-case basis.
10. All requests for refunds will be acted upon within 30 days.
11. Reprinting of certificates may incur a fee.

### Termination

1. Surf Life Saving NSW reserves the right to expel a participant for serious breach of discipline.
2. In such cases, fees will not be refunded.

### DECLARATION

By signing this declaration, I apply for admission to the above listed course and declare that:

- a. I have read, understand and will comply with the policies, procedures and Code of Conduct outlined in the Academy Course Participant Handbook. [Click here](#)
- b. I have read, understand and agree to the organisation's Refund Policy;
- c. I have received and understand the information provided regarding prerequisites for this course;
- d. I believe I meet the prerequisites for this course;
- e. The information I have provided is true and correct to the best of my knowledge; and
- f. I understand and accept that the information I provide will be used for the purposes outlined in the Privacy Notice.

Name		Signature	
Date			

If the participant is **under the age of 18 years**, this form must be signed by a parent/guardian

### Parent/Guardian Details

Name		Signature	
Date			



**1. CLUB / BRANCH / STATE NAME**

\_\_\_\_\_ SLSC  
 \_\_\_\_\_ BRANCH  
 \_\_\_\_\_ STATE

**2. GENERAL DETAILS**

I hereby apply for membership of SLSA. I have read, understood, acknowledge and agree to the declaration and application over leaf. I have signed that declaration and application.

INITIAL MEMBERSHIP  RENEWING

TITLE \_\_\_\_\_ (Mr, Mrs, Ms, etc) \*FIRST NAME \_\_\_\_\_ SECOND INITIAL \_\_\_\_\_ \*LAST NAME \_\_\_\_\_ POST NOMINAL \_\_\_\_\_

\*GENDER M / F / X \*DATE OF BIRTH / / FAMILY GROUP NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

\*ADDRESS: UNIT \_\_\_\_\_ HOUSE \_\_\_\_\_ STREET or PO BOX \_\_\_\_\_ SUBURB \_\_\_\_\_ POSTCODE \_\_\_\_\_

\*PHONE: HOME \_\_\_\_\_ BUSINESS \_\_\_\_\_ FAX \_\_\_\_\_ MOBILE \_\_\_\_\_

\*PREFERRED CONTACT NUMBER NO: B / H / M \*EMAIL: \_\_\_\_\_

Driver's License: Number \_\_\_\_\_ License Type \_\_\_\_\_ Exp Date \_\_\_\_\_

Shirt Size (Please State) GIRLS (6 – 22) \_\_\_\_\_ BOYS (XS – 4XL) \_\_\_\_\_ Locker No \_\_\_\_\_ Key No \_\_\_\_\_

Short Size (Please State) GIRLS (8-20) \_\_\_\_\_ BOYS (28-44) \_\_\_\_\_ I do not wish to receive email communications  or SMS communications

**3. MEMBERSHIP CATEGORY APPLIED FOR – SUBJECT TO CLUB ENDORSEMENT (Tick on box only)**

JUNIOR MEMBERSHIP (Junior Activities & Cadet 13-15)  ACTIVE MEMBERSHIP (Active (15-18 & 18+), Reserve Active, Award)  COMMUNITY MEMBERSHIP

ASSOCIATE MEMBERSHIP (Associate, Probationary, General or Leave/Restricted)  HONORARY/SERVICE MEMBERSHIP (Long Service, Honorary, Past Active, Life Member) National Police Check No \_\_\_\_\_ Expiry \_\_\_\_\_

Date Joined \_\_\_\_\_ Competitive Rights with this club: YES  NO  Working with Children No \_\_\_\_\_

Member Protection Declaration Completed? YES  NO  Working with Children Expiry \_\_\_\_\_ Rego/Verification Date \_\_\_\_\_

**4. OTHER SURF LIFE SAVING CLUB MEMBERSHIP (Please attach list if more than two)**

\_\_\_\_\_ SLSC \_\_\_\_\_ SLSC

**5. 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 SLSA prior to commencing any surf lifesaving activity. You should take part in a Hepatitis B vaccination program.

HAVE YOU READ THIS SECTION? YES  NO

**6. EMERGENCY CONTACT**

\*FIRST NAME \_\_\_\_\_ \*LAST NAME \_\_\_\_\_

\*RELATIONSHIP \_\_\_\_\_ \*ADDRESS \_\_\_\_\_ \*POSTCODE \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_ \*MOBILE: \_\_\_\_\_

**7. BACKGROUND / LANGUAGE**

Are you from a culturally and linguistically diverse background? YES  NO  Cultural Background \_\_\_\_\_

Do you use any languages other than English in your home? YES  NO  Second Language \_\_\_\_\_

Are you of Aboriginal descent? YES  NO  Are you of Torres Strait Islander descent? YES  NO

**8. DONATIONS / BEQUESTS**

Please tick the box if you are interested in leaving a bequest to Surf Life Saving (Club/Branch/State/National) or becoming a donor

**9. DECLARATION**

By ticking this box I declare that I (a) am not subject to any criminal investigation, (b) do not currently have any charges relating to a serious criminal conviction against my name and (c) have not been convicted of any serious criminal offence.

I have read, understood, acknowledge and agree to the declaration and application and conditions of membership over leaf. I have signed that declaration and application. I warrant that all information provided is true and correct.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**10. PARENT / LEGAL GUARDIAN CONSENT**

I have read, understood, acknowledge and agree to the declaration and application and conditions of membership overleaf and I personally consent to the declaration and application for Membership of the applicant.

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**11. OFFICE USE ONLY**

Date Application received / / Amount paid: \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_

Accepted / Rejected by Club Management – Date / / Signature of Club Officer \_\_\_\_\_

Membership Category allocated \_\_\_\_\_ Capitation/Membership No. \_\_\_\_\_ ID Cited – Type \_\_\_\_\_ Date \_\_\_\_\_ Entered / /

Note: DOB can only be amended with the approval of your State Centre after initial entry

## SLSA MEMBERSHIP APPLICATION & DECLARATION

I [insert name] ..... of [insert address] .....  
apply for membership of SLSA. In consideration of my application for membership being accepted I acknowledge and agree that:

- In this membership declaration:**
  - Claim** means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising including but not limited to negligence BUT does NOT include a claim against SLSA by any person entitled to make a claim under a relevant SLSA insurance policy or under the SLSA Constitution or SLSA Regulations.
  - SLSA** means Surf Life Saving Australia Limited.
  - SLS Activities** means performing or participating in any capacity in any activity authorised or recognised by SLSA.
  - SLS Organisations** means and includes SLSA, its subsidiaries, its members (including State Centres & Clubs), Branches and their respective directors, officers, members, servants or agents.
  - SLS Rules** means the relevant constitutions, regulations and SLS policies of the SLS Organisations.
- If my application for membership is accepted I will be a member** of [Insert Club] ..... SLSC, [insert Branch if relevant] ....., [insert State] ..... State Centre & SLSA. I acknowledge my application will be considered and may be accepted or rejected in accordance with the SLS Rules. If accepted I acknowledge that:
  - I will be bound by and agree to comply with the SLS Rules; and
  - the SLS Rules are necessary and reasonable for promoting SLSA and surf lifesaving as a community service; and
  - neither membership nor the SLS Rules gives rise to any:
    - proprietary right of mine in, to or over any SLS Organisation or its property or assets; and
    - automatic right of mine of renewal my membership of the Association; and
    - subject to any relevant law, any right to natural justice, unless expressly provided for in the relevant SLS Rules.
- Warning:** SLS Activities can be inherently dangerous. I acknowledge that I am exposed to certain risks during SLS Activities including but not limited to physical exertion, contact with surf lifesaving equipment, body contact and surf, sea and weather conditions. I acknowledge that accidents can and often do happen which may result in me being injured or even killed, or my property being damaged. I have voluntarily read and understood this warning and accept and assume the inherent risks in participating in SLS Activities.
- Exclusion of implied terms:** I acknowledge that where I am a consumer of recreational services, as defined by any relevant law, certain terms and rights usually implied into a contract for the supply of goods and services may be excluded. I acknowledge that these implied terms and rights and any liability of the SLS Organisations (or any of them) flowing from them, are expressly excluded to the extent possible by law, by this membership declaration. To the extent of any liability arising, the liability of the SLS Organisations will, at the discretion of the relevant SLS Organisation, be limited to the resupply of the services or the payment of the cost of having the services supplied again.
- Release & Indemnity:** Where I have committed a criminal offence, been negligent and/or otherwise deliberately failed or refused to comply with the SLS Rules as a member and/or whilst participating in any SLS Activities and in consideration of SLSA accepting my application for membership I:
  - release and will release the SLS Organisations from all Claims that I may have or may have had but for this release arising from or in connection with my membership and/or participation in any SLS Activities; and
  - indemnify and will keep indemnified the SLS Organisations to the extent permitted by law in respect of any Claim by any person arising as a result of or in connection with my membership and/or participation in any SLS Activities.
- Fitness to Participate:** I declare that I am medically, mentally and physically fit and able to participate in any SLS Activities. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify SLSA in writing through my Club of any change to my medical condition, fitness and ability to participate.
- Privacy:** By completing this form I consent to SLSA using, disclosing and storing my personal information in accordance with the [SLSA Privacy Policy](#). I understand that the information I have provided in this form is necessary for the proper management of SLS Activities, administration of surf lifesaving and related activities in Australia. The information is collected in accordance with the SLSA Privacy Policy. SLSA may share my information with other SLS Organisations in accordance with the Privacy Policy and it may also be used to notify me of other events, news, and to offer the provision of services, including by third-party providers, to me. I understand that the SLSA Privacy Policy contains information about how I may access, and request correction of my personal information held by SLSA or make a complaint about the handling of my personal information and provides information about how a complaint will be dealt with by SLSA. If the information is not provided my application may be rejected. I acknowledge that if I do not wish to receive promotional material from SLS sponsors and third parties I may advise in writing or via the opt-out process provided in the relevant communication.
- Use of image:** I consent to the relevant SLS Organisation(s) of which I am a member, using my name, image, likeness and also my performance in or of any SLS Activity at any time to promote the Objects of the relevant SLS Organisation(s), by any form of media. I waive any rights I might have to or in such use of my name, image or likeness by the relevant SLS Organisation(s).
- Intellectual Property (IP):** I acknowledge and understand that SLSA owns significant surf lifesaving IP including but not only all IP rights in and to the SLS patrol uniform, red & yellow skull quarter cap, red & yellow flags, the colours red and yellow in the context of surf lifesaving and the SLS logo. I declare that I will not infringe any SLSA IP rights and will seek permission from my State Centre before any use of surf lifesaving IP.
- Commitment to the Protection of Children and Young People (CYP):** I declare that I will seek to protect all other members, and particularly CYP, from all Abuse and Child Abuse including grooming. I acknowledge that SLSA is seeking to create and maintain a member and CYP safe and inclusive culture that is understood, endorsed and put into action by all. I agree to use my best endeavours to develop and grow such a culture. I agree to be bound by and comply with the Code of Conduct for People in Position of Authority when Dealing with Children and Young People.
- I have provided the information required overleaf and signed both sides of this form.** I warrant that all information provided is true and correct. I acknowledge that this membership declaration cannot be amended. If I do amend it my application will be null and void and cannot be accepted by SLSA.
- Severance:** If any provision of this membership declaration is invalid or unenforceable in any jurisdiction, the phrase or clause is to be read down for the purpose of that jurisdiction, if possible, so as to be valid and enforceable. If the phrase or clause cannot be so read down it will be severed to the extent of the invalidity or unenforceability of it in any other jurisdiction. Such severance does not affect the remaining provisions of this membership declaration or affect the validity or enforceability of it in any other jurisdiction.

I have read, understood, acknowledge and agree to the above declaration including the warning, exclusion of liability, release & indemnity, relating to a serious criminal offence. I acknowledge that if my application for membership is successful I will be entitled to all benefits, advantages, privileges and services of SLSA membership.

Signed: ..... Date: ..... Name: .....

*NOTE: Where the 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 authorize and consent to the applicant undertaking the SLS Activities. In consideration of the applicant's membership being accepted I expressly agree to be responsible for the applicant's behaviour and agree to personally accept in my capacity as parent or guardian the terms set out in this membership application and declaration including the provision by me of a release and indemnity in the terms set out above. In addition, I agree to be bound by and to comply with the SLSA constitution and any regulations and policies made under it.

Parent's signature: ..... Date: ..... Name: .....

*(Where applicant under 18 years of age)*



# FRESHWATER SLSC NEW PATROL MEMBER FORM



New Member  Transfer from another club

General Member (Parent of Nipper)   
Wanting to do full Patrols  or; Water Safety Only

Name \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_ Home Phone \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email Address: \_\_\_\_\_

### AWARDS:

- Surf Rescue Certificate
- Bronze Medallion
- Apply First Aid
- Advanced Resus Techniques
- Spinal Management

- IRB Crewman's Cert
- SM IRB Driver
- SM Basic Beach Mgt
- Training Officer
- Assessor; Facilitator

Other: \_\_\_\_\_

Patrol Preference (Sat Morn/afternoon, Sun Morning/afternoon)

(1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_

If you wish to patrol with a friend/s, please write their name/s (Max 2)

\_\_\_\_\_

Uniform Required?  Yes  No

If Yes: Shirt Size \_\_\_\_\_ Short Size \_\_\_\_\_

Hat Size \_\_\_\_\_ Quartered Cap Size \_\_\_\_\_

### Your Patrol Obligations

*You should attend every patrol. If you can't attend, please arrange for someone on another patrol to substitute for you. You then pay them back by doing their next patrol. If you cannot get a sub, please let your patrol captain know you can't attend and haven't been able to get a sub – only make this call after you have really tried to find a substitute.*

*If you miss two rostered patrols in the season without a substitute, you will need to complete a make-up patrol. If you miss three rostered patrols, you will need to complete a make-up patrol & a penalty patrol. If you miss more than 3 patrols, you may be asked to explain your absence to the Committee, to which the Committee will then make a ruling on your membership status. This is written into the club's patrol directive.*

Also:

- Please arrive for patrols promptly. It is important that we have sufficient numbers to patrol the beach. There are legal minimums; but depending on the conditions, more numbers may be needed.
- Don't forget to bring your patrol uniform and wear it when you're on patrol. The uniform identifies you to the public and your fellow patrol members if they or the public need help.
- Report to your patrol captain and give him or her your full support. They should know where you are at all times.

And Remember:

**Keep Your Eyes On The Water At All Times**

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Freshwater SLSC Office Use Only	Patrol		Signed	
	Date			



FOB NO:

## Electronic Access for Freshwater SLSC

Surname:

First Name:

Contact Email:

Contact Phone Number:

Key Ring Fob \$20 each

Wristband Fob \$20 each

Total

**PLEASE NOTE -**  
 UNDER NO CIRCUMSTANCES ARE YOU TO  
 ALLOW NON-CLUB MEMBERS INTO THE  
 GYM OR CHANGEROOMS.

### AUTHORISED ACCESS AREAS

AREA		APPROVED BY	SIGNATURE	DATE
General Building Access (via door next to gate at bottom of driveway, front door) and changeroom	✓	Granted for all financial members		
Gymnasium (18yrs +)				
Restricted Access (16yrs Under) (via door next to gate at bottom of driveway, front door) and changeroom				

### Application Declaration

I confirm that I have read this document and understand that –

1. The access fob issued always remains the property of Freshwater SLSC and must be returned to the Club Office or mailed to Freshwater SLSC, PO Box 308, Freshwater 2096 upon request.
2. The fob will be programmed to provide access to specific areas according to the authorisation provided on this form.
3. Any misuse of the Club facilities to which this fob provides access may result in cancellation of the fob and loss of access to those facilities.
4. The fob is not to be used to provide access to the Club facilities by any unauthorised person unless otherwise approved.
5. The fob is not to be given to any other person and its loss must be reported immediately to the Club office (9905 3741 or exo@freshwaterslsc.com )

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Must be signed by Parent/Guardian if under 18

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: During Covid-19 there are protocols in place and to be able to purchase a fob you must have renewed your membership for the current season and completed the APPLICATION FOR ACCESS TO CLUB PREMISES form. Download here -**

<https://www.freshwaterslsc.com/app/uploads/2020/06/FRESHWATER-SLSC-APPLICATION-FOR-ACCESS-TO-CLUB-PREMISES-June-2020-V3.pdf>

**Office use only :** Method of payment:  Date:  Amount: \$



## **ELECTRONIC ACCESS FOR FRESHWATER SLSC**

Access to the Club building and the majority of facilities is gained by way of an Electronic Access Fob (Fob) and controlled by security readers at designated locations within the building. Two types of Fob will be available for use by members – a key ring Fob and a wristband Fob.

The Executive Committee has determined that the Executive Officer will be the person responsible for overseeing and management of the new security system.

As a backup to the operation of the system members of the Executive Committee may, from time to time, undertake spot checks of persons using the Club facilities to ensure that only approved Fob holders are on site.

### **How the Security System Works**

1. The Executive Committee, in consultation with relevant club officers if necessary, will determine the access arrangements for members to the various sections of the Club facilities.
2. Once determined access to the Club will be available for all financial & Life Members and uploaded when a Fob is issued.
3. Access will commence on the 1st July and conclude on the 30th June or until that access is declined or the member becomes unfinancial, whichever occurs first.
4. The Executive Committee reserves the right to vary access arrangements from time to time as required.
5. Entry to the club and electronically accessed areas will be recorded in the electronic access security log. The log will record the area entered, the allocated name of the person entering and the time and date of entry.
6. Any member who without approval, provides access to areas for any unauthorised person, may be asked to account for their actions to the Executive Committee and as a result may have their access levels restricted and or removed.

### **Access Information**

Members will be able to gain access to the Club facilities on the following basis –

- 5.00am – 9pm during the patrol season
- Active members, Long Service, Life Members, Honorary and Active Reserve will have access to the downstairs area & gym
- Associate members will have access depending on their level of membership
- Other membership categories are by application to the Executive Committee
- These access times may vary throughout the year and the Executive Committee reserves the right to change these as necessary

### **Electronic Access Fob Costs**

- Key Ring Fobs - \$20
- Wristband Fobs - \$20 (Silicon and waterproof)
- Replacement Fobs – lost or damaged (\$20)



# Freshwater Surf Life Saving Club PAYMENT FORM – FOR BM & SRC COURSES

P O Box 308  
Freshwater, NSW 2096  
Tel: (02) 9905 3741

Email: [exo@freshwaterslsc.com](mailto:exo@freshwaterslsc.com)  
[www.freshwaterslsc.com](http://www.freshwaterslsc.com)

YOU MUST complete name(s) of all member(s) to whom the payment applies.

NAME(S): \_\_\_\_\_

Email address: [print clearly] \_\_\_\_\_

	<b>Active Senior Bronze Medallion (18yrs+)</b>	<b>Active Junior/Cadet BM / SRC to BM (17yrs and under)</b>	<b>Active Junior SRC</b>
Membership	\$110.00	\$75.00	\$75.00
Award	\$25.00	\$25.00	\$25.00
Security Fob	\$20.00	\$20.00	\$20.00
Masks	\$17.00	\$17.00	\$17.00
Patrol/Water Safety Uniform	\$50.00	\$50.00	\$50.00
Online Training Manual	\$10.00	\$10.00	\$10.00
First Aid Course *	\$70.00*	\$70.00*	n/a
Training Costs	\$93.00	\$28.00	\$28.00
<b>Total Payable</b>	<b>\$395.00</b>	<b>\$295.00</b>	<b>\$225.00</b>

**Note:** Should someone be doing the BM course or SRC course and be a member or already have a fob, mask or uniform and a current First Aid Cert then deduct those amounts. The award fee, training manual and training costs must be paid for.

## Methods of Payment

**SLS AUST MEMBERS PORTAL - PAYMENT GATEWAY (Preferred Method of Payment)**

[https://pnpnet.qvalent.com/OnlinePaymentServlet?cd\\_community=SLSA&cd\\_currency=AUD](https://pnpnet.qvalent.com/OnlinePaymentServlet?cd_community=SLSA&cd_currency=AUD)

**DIRECT DEBIT** to – Freshwater SLSC - BSB: 633000 A/C No. 117077479

Date payment made: \_\_\_\_\_ Ref No: \_\_\_\_\_

**CREDIT CARD** Name on Card: \_\_\_\_\_

Credit Card number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Visa/Mastercard (please circle) Amount: \$ \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_