

## Membership Renewal 2020

Name	Date of Birth	Section	Fee
			Discount
			Total

I will be paying by | **Standing Order** | **BACS** | **Cheque** | **Cash** | (please circle accordingly).

### Additional Forms

The following must be completed and returned by **every** member listed above (available at woolacombesurflifesavingclub.org).

- PAR-Q (Physical Activity Readiness Questionnaire)
- SLSGB Application Form
- Code of Conduct

They need be completed **only once** (unless there are changes), and returned to your section rep.

### Required Reading

The following must be read and understood by **every** member listed above (available at woolacombesurflifesavingclub.org).

- NOP/EAP (Normal Operating Procedure / Emergency Action Plan)
- Generic Risk Assessment
- Codes of Conduct

### Declaration

I/We have completed, read and understood all the requisite forms listed above and that there have been no notifiable changes to any forms held on record.

Signature

Name

Date

## 2020 Membership Fees

Masters / Senior		£ 70.00
Youth	13 – 19 years (on 1st Jan)	£ 130.00
Nipper / Nipper Junior	7 -13 years (on 1st Jan)	£ 130.00
Limpet *	Under 7 (on 1st Jan)	£ 80.00
Parent		£ 40.00

\* The Limpet fee does not include any insurance, if you want a child between 5-7 years to be included within the SLSGB scheme please add an extra £25.00

### Discount

Families with more than two children can deduct £10.00 for the 3rd (and each subsequent), child aged 5-19.

### Please Note ...

Fees include SLSGB membership costs and affiliation (unless otherwise indicated), DBS checks & safeguarding training.

Youth, Nipper and Limpet fees include pool and beach training costs.

We need as many 'Parent Helpers' as possible to enable us to run the nipper sessions safely, and consequently **at least one parent/carer must join as a Helper-Coach.**

If there aren't enough Parent Helpers then your child's session may not be able to run.

It only costs £40 and it means you are fully insured to help out in the water.

Membership includes the £25 fee each member pays for SLSGB affiliation – which includes insurance cover for individuals and the club.

For 2020, all parent helpers need to be paid members due to insurance cover.

Please note members of this category are not entitled to use club craft except as part of a coaching session, but can take coaching qualifications,

## **Payment by Standing Order / BACS**

Fees can be paid over 10 or 12 months with the first payment due by the end of January.

Families should include the initials of all members as part of their payment reference.

**Sort code** 30-94-52

**Account number** 16896460

**Account Name** Woolacombe SLSC Membership AC

**Payment Reference** Initials (of each member)

## **Payment by Cheque**

Please make cheques payable to WSLSC and return to:

Don Duffield, 8 Arlington Place, Woolacombe EX34 7BD

*P.S. Please remember to return your completed membership form(s) to your section rep or email to [wslscmemb@yahoo.com](mailto:wslscmemb@yahoo.com)*

We would be grateful if you could also sign the form at the bottom to indicate that you are happy for the club to collect any Gift Aid rebates from your donations to Woolacombe Surf Lifesaving club, which is a registered Charity, and will help us keep membership fees down.

**PLEASE** note that your name is automatically noted by the bank when a bacs payment is made, consequently only relevant initials need to be entered as a reference.

(For any future payments that you make to this account please add specific details.)

GIFT AID DECLARATION: I give my permission for Woolacombe Surf Lifesaving Club (Reg Charity No: 1176269) to reclaim all gifts of money that I have made in the past 6 years, and all future gifts of money that I make from the date of this declaration as Gift Aid donations.

I have paid an amount of Income Tax and/or Capital Gains Tax for each tax year (6th April one year to 5th April the next) that is at least equal to the amount of tax that the Charity will reclaim on my gifts for that tax year.

NB. PLEASE notify the charity if you (1) wish to cancel you Gift Aid Declaration, or (2) your name/address changes, or (3) you no longer pay sufficient tax.

FORENAME..... SURNAME.....

Home Address inc Post Code.....

.....

. DATE.....SIGNATURE.....