



BLSC Associate (Non-Patrolling) Membership Application

Name _____

DOB _____

Do you currently have FOB access to the Clubhouse Y/N

Current Membership Category _____

New Membership Category _____

Membership years at BLSC _____

Please list by number of years, your involvement in the following areas of BLSC with comments:

Patrol _____

BLSC Bathing Box Classic _____

Great Australia Day Swim _____

BLSC Board or Committee _____

Administration _____

Fundraising _____

Special projects _____

CALD day program _____

Donations _____

Nippers _____

Other (please specify) _____

Please list below your intention to contribute to BLSC this Season:

Please email to directorofadministration@brightonlsc.com.au



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