



QUINNS MINDARIE SURF LIFE SAVING CLUB

2024/2025 Expression of Interest Form

Name of Member: _____

Appointed Position of Interest: _____

Consent Statement

I _____ (Member) would like to be considered for the position
of _____ within Quinns Mindarie Surf Life Saving Club Inc.

Certified by (Signature): _____

Member Details:

Address

House Number / Street _____

Suburb _____

State _____

Postcode _____

Contact Details

Phone _____

Mobile _____

Email _____

Committee Use Only: _____

Pre-requisites checked Yes / No

Financial Status Checked Yes / No