



Surf Life Saving New South Wales Inc 2003/2004 Club Address List

To be returned to Surf Life Saving New South Wales Inc and a copy sent to your BRANCH no later than 15 August 2003 and preferably as soon as possible after the Club AGM. Please PRINT or TYPE, include first names of officers not initials, include e-mail where possible.

CLUB NAME:.....
Postal Address: P'Code.....
Street Address: P'Code.....
Club Office Phone Number:..... Club Fax Number:
Club E-mail:(ESSENTIAL FOR CLUB AND BRANCH MAIL-OUTS)
Website Address:.....

PRESIDENT:..... E-mail.....
Address:
Home No.: Work No.: Fax No.:

SECRETARY:..... E-mail.....
Address:
Home No.: Work No.: Fax No.:

TREASURER:..... E-mail.....
Address:
Home No.: Work No.: Fax No.:

CLUB CAPTAIN..... E-mail.....
Address:
Home No.: Work No.: Fax No.:

CHIEF INSTRUCTOR..... E-mail.....
Address:
Home No.: Work No.: Fax No.:

YOUTH/JUNIOR COORDINATOR..... E-mail.....
Address:
Home No.: Work No.: Fax No.:

RADIO OFFICER..... E-mail.....
Address:
Home No.: Work No.: Fax No.:

IRB/POWERCRAFT CAPTAIN..... E-mail.....

Address:

Home No.:..... Work No.:..... Fax No.:.....

MEDIA COORDINATOR..... E-mail.....

Address:

Home No.:..... Work No.:..... Fax No.:.....

CLUB COACH/ADVISER..... E-mail.....

Address:

Home No.:..... Work No.:..... Fax No.:.....

CLUB COMPETITION MANAGER

Address:

Home No.:..... Work No.:..... Fax No.:.....

PATROL OFFICER/SUPERVISER..... E-mail.....

Address:

Home No.:..... Work No.:..... Fax No.:.....

REGISTRAR/CPL COORDINATOR..... E-mail.....

Address:

Home No.:..... Work No.:..... Fax No.:.....

WATERSAFETY COORDINATOR..... E-mail.....

Address:

Home No.:..... Work No.:..... Fax No.:.....

AGE MANAGERS COORDINATOR..... E-mail.....

Address:

Home No.:..... Work No.:..... Fax No.:.....