



Lifesaving Operations Council Delegate Form

The _____ LSC
(Name of Affiliated Life Saving Club)

duly appoint the following person as Club Delegate

(Name of Club Delegate)

of _____
(Name of Council)

Delegate Contact details:

Address _____

Phone _____ Mobile _____

Email

Club Endorsement:

Name _____ Position _____

Phone _____ Date _____

Signature _____

Please complete and return this form to Life Saving Victoria State Centre

- Email - lifesavingoperations@lifesavingvictoria.com.au
- Fax - 03 9676 6932
- Post - PO Box 353, South Melbourne DC VIC 3205

OFFICE USE ONLY

Receipt date	Received by
--------------	-------------