



**BATEMANS BAY  
BUSHWALKERS INC.**  
PO Box 838 BATEMANS BAY NSW 2536

**Membership Application (separate form for each person)**

**WHERE DID YOU FIND OUT ABOUT US** *(please circle)*

Word of Mouth   Bay Post   Our Website   Our Advertising Flyer   Radio   Other \_\_\_\_\_

Surname \_\_\_\_\_ First Names \_\_\_\_\_

Preferred First Name \_\_\_\_\_ Date of Birth   /   /   Home Telephone (   ) \_\_\_\_\_

Email Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Post Code \_\_\_\_\_ Mobile Phone \_\_\_\_\_

I confirm I have completed 3 qualifying walks as a Visitor *(please circle)*   YES

**PLEASE DO NOT** send this form or pay the subscription fee until you have completed 3 qualifying walks as a Visitor

**IN CASE OF EMERGENCY (Contact/Next of Kin)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_ Telephone \_\_\_\_\_

**Annual Subscription   \$25.00   +   One Off Joining Fee   \$15.00   = \$40.00 per person**

Walk Programs are emailed. If you do not have email, please include an extra **\$10.00** to cover mailing costs. Only one copy of the Program is mailed to couples so the extra \$10 applies to only one application.

Post Program?   YES / NO

Payment can be made to our Bank Account, BSB No. 062 650 : Account No. 10020391 : Reference : NEW your surname

or posted to Records Officer, Batemans Bay Bushwalkers Inc., PO Box 838, BATEMANS BAY NSW 2536

Completed Forms can be mailed to the address above or emailed to [records@baybushwalkers.org.au](mailto:records@baybushwalkers.org.au)

The Club year runs from 1 June to 31 May each year.   **NB   Subscription renewals are payable by 14 May each year.**

*Please see over. Your membership application will not be complete unless you have signed the Acknowledgement of Risks and Obligations of Members on Page 2.*

## **BATEMANS BAY BUSHWALKERS INC.**

### **Membership Application – Page 2**

**I have received, read, understood, and agree that the Principles and Rules applying to the conduct of Club activities are essential to the safety of all and agree to comply with them.**

#### **BATEMANS BAY BUSHWALKERS INC. ACKNOWLEDGEMENT OF RISKS AND OBLIGATIONS OF MEMBERS**

In voluntarily participating in the activities of this Club, I am aware that I am risking injury, illness and death and loss of or damage to my property. Typical risks may include but are not limited to hyperthermia, hypothermia, slipping on loose or icy surfaces, slipping on rocks, falling rocks, exposure, snake bite, bee stings and other insect attacks, burns, drownings, stepping into unseen holes, accidents during vehicle travel to walks, navigation errors and becoming lost.

I also acknowledge that I am responsible when participating in the activities of the Club, to bring with me any medication I may need, and am solely responsible for its administration if it is required. I acknowledge that the Club cannot take or accept any responsibility to administer to me my personal medication, even if a circumstance arises where I am unable to administer it myself. And knowing this, I voluntarily accept the risk that if a circumstance arises on a Club activity where I cannot administer my own medication, I may suffer illness, injury or death.

To minimise risks I will:

- inform myself of the nature of the activity and ensure that it is within my capabilities;
- carry food, water, medication, clothing and equipment appropriate for the activity;
- advise the leader of any physical or other limitation, or any dependence on medication, that may require urgent attention during the activity;
- make every effort to remain with the rest of the party during the activity;
- will advise the leader of any concerns I am having; and
- comply with all reasonable instructions of the leader.

I understand these risks and requirements.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Office Use Only

Recommended \_\_\_\_\_ Seconded \_\_\_\_\_

Joined \_\_\_\_\_ Resigned \_\_\_\_\_ Program \_\_\_\_\_

Receipt No. \_\_\_\_\_ Receipt Date \_\_\_\_\_ Amount Paid \_\_\_\_\_

Membership Recorded \_\_\_\_\_ Member No. \_\_\_\_\_ Initials \_\_\_\_\_