BATEMANS BAY BUSHWALKERS INC.

Membership Application (separate form for each person)

Email completed form to bbwrecords24@gmail.com

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

Word of Mouth Social Media 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 + Initial Joining Fee or Initial Re-Joining Fee (where membership has lapsed) $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

Completed Forms can be emailed to bbwrecords24@gmail.com

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_____