



Membership Application/Renewal Form

APPLICANT DETAILS

Mr/Mrs/Miss/Ms Surname _____

Given Names _____

Residential Address _____

Email Address _____ Postcode _____

Home Phone _____ Work Phone _____

My Contact Details may be published and circulated YES [] NO []

CLASS OF MEMBERSHIP

Please consider my application for the following class/classes of membership.
(Tick required brackets [])

Introductory (3 months)	[]	\$5.00p/p
General	[]	\$21.00
Student (Full Time > 18 Years)	[]	\$21.00
Family (This Membership Class defines <u>Fees only</u>)	[]	\$10+\$11.00p/p

Please tick another bracket to define your individual class

Are you the family member responsible for membership fees payment?
YES [] NO []

Family Membership Applicants only:- Please list on the next page the full name and relationship of all persons to be included in this Family Membership Class.

DECLARATION

Have you anything to disclose which may affect your ability to participate in any Club Activity?
YES [] NO []

Have you ever been refused any type of insurance, or had any special terms imposed?
YES [] NO []

If you answered YES to any of the above, please provide details on the next page of this form.

ACKNOWLEDGEMENT OF RISKS AND OBLIGATIONS

I/We acknowledge that when I/we am participating in any activity of the Ipswich Bushwalkers Inc. I/we am doing so as a volunteer in all aspects and as such I/we accept all responsibility for loss of property or bodily injury to me/us, however it may occur.

I/We acknowledge that my/our participation in this activity may expose me/us to hazards and risks that could lead to injury, illness or death or to loss of or damage to my property. In particular when participating in abseiling or above the snowline activities I/we am aware that I/we may be exposed to additional hazards and risks.

I/We will make all reasonable effort to avoid or minimise these risks by; only participating in activities within my/our capabilities, carrying food, water and equipment appropriate for the activity, and advising the leader if I/we am taking any medication or have any physical or other limitation that might affect my participation in the activity.

I/We acknowledge that the payment of my/our subscription will be deemed as full acceptance and understanding of the above.

Emergency contact:- _____

If I am accepted as a member, I agree to be bound by all the rules and by-laws of the **Ipswich Bushwalkers Inc.** I enclose \$_____ as Membership Fee.

Signature:- _____

Date:- ____/____/____

FAMILY MEMBERSHIP DETAILS

DECLARATION INFORMATION (If insufficient space, attach a separate sheet)

OFFICE USE ONLY

Upon processing this application as per sections 7 and 9 of the Constitution, forward this Application to the Secretary to enable Section 10 of the Constitution and Sections 7, 8, and 12(a) of the By-Laws to be met.

Receipt Number:- _____

Membership Application accepted/rejected. Date:- ____/____/____

Reason for rejection:-