



bayside bushwalking club

Membership Application

Bayside Bushwalking Club Inc., P.O. Box 96, Hampton, VIC. 3188
ABN: 25 734 864 041 Incorporation Number A0007879P

Communications details and Emergency Contact details may be made available online to leaders for the purpose of organising trips, in accordance with the Club's Privacy Statement, which is published on the website.
You can choose to withhold details from leaders online, however this can create communication difficulties.

Tick box **only** if you want to withhold your email address from leaders online

Tick box **only** if you want to withhold your other communications details from leaders online

Name:	M / F			Year Born (for insurance):
Email:				
Postal Address:				
Phones:	Home:	Mobile:	Work:	
Emergency Contact:	Name:	Phone:		
Occupation:				
Do you hold BMLC, DWLC or STLC or other outdoor qualifications? YES / NO Other:				
Do you hold a Level 2 First Aid Certificate? YES / NO If YES, Date of Qualification: ____/____/20____				
Brief description of your bushwalking or outdoor experience:				
How did you hear about our Club?				

Acknowledgment of Risk - Please read and sign (all members 18 years and over must sign)

I am aware that my voluntary participation in any activity of this club may expose me to risks that could lead to injury, illness or death; or to loss of, or damage to, my property. These risks include, but are not limited to, slippery and/or uneven rocks, dislodged rocks, cliffs, exposure to weather and whiteout conditions, falling and hypothermia.

To minimize these risks I will endeavour:

- to ensure that any activity I participate in is within my capabilities;
- to carry appropriate food, water and equipment for the activity;
- to advise the leader if I am taking any medication, or have any physical or other limitation which might affect my participation; and
- to make every effort to remain with the group during the activity and accept the instructions of the leader.
- I have read and understood these requirements and have considered the risks before choosing to sign this Acknowledgment of Risk.

I accept that in signing this form I will take responsibility for my own actions.

Name:	Signature	Date:
Name:	Signature	Date:

OFFICE USE ONLY	Induction / Kit issued Date:	Receipt No:	Database updated Date:
Membership No.:	Cash / cheque received \$	Receipt issued Date:	Email notification sent Date:



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Joining Fee and Annual Subscription

The Club membership year is 1 April to 31 March. New members January - March pay half the annual subscription.

Concession applies to Health or Pension (NOT Senior) Card Holders, or to full-time students.

Please bring your card to the club meeting.

* If applicable, please **circle concession type** (Health/Pension/Student) and **enter concession number** here:

Concession Card	Health / Pension / Student	Number:
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Membership type	Concession*	Standard	Fee p.a.
Single Membership	\$30	\$35	\$
Family membership (<i>up to two adults, and any children under 18, all from the same postal address</i>)	\$60	\$70	

Joining Fee		\$20
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<i>optional:</i> Printed newsletter sent by post	\$30	\$
<i>optional:</i> Club Badge(s) with member's name to be collected at club meeting (order cycle 3 to 6 months)	\$6	\$

Total Paid	\$
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Family Members (*if applicable*)

Please add any members of a Family Membership.

Family membership: up to two members 18 years or over, and any children U/18, all from the same postal address.

(Please avoid unnecessary insurance costs by adding only those members who will participate in trips.)

ADD	Name:	M/F	Year Born:
ADD	Name:	M/F	Year Born:
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ADD	Name:	M/F	Year Born: