

Sunraysia Bushwalkers Inc.
Membership Application
(for new member only)

Membership fee per person \$40.00

Name:.....

Postal Address:.....Post Code:.....

Street Address:.....Post Code:.....

Phone:.....Home:.....Work:.....

Mobile:..... Social Media link **

E-mail:.....(To be completed for electronic newsletter link)

Ambulance Membership No.....

It is a club recommendation that a member is a current paid up member of an Ambulance fund.
(You may be denied participation in Club walks if not covered by Ambulance Fund Membership.)

Do you have any objection to the details above being published in the Members only page of the SBW webpage as a list of members? (Please circle one) Yes No

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

I acknowledge that my participation in club activities may expose me 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, caving or above the snowline activities I am aware that these activities expose me to additional hazards and risks.

I will make all reasonable effort to avoid or minimize these risks by :

- only participating in activities within my capabilities,
- carrying food water and equipment appropriate for the activity, and
- advising the leader if I am taking any medication or have any physical or other limitation that might affect my participation in the activity.

I acknowledge that it is a club recommendation that a member is a current paid up member of an ambulance fund to participate in Club walks. I further acknowledge that if I am not covered by current Ambulance cover I may be personally liable for costs associated with an ambulance attending me in the event of my illness or accident

I undertake to keep the leader indemnified for any associated costs whilst I partake of club activities.

Please print form and post to:

The Secretary
Sunraysia Bushwalkers Club Inc
PO Box 1827
MILDURA 3502
Victoria

I,(Print name) apply to become a member of Sunraysia Bushwalkers Club Inc. having read this application form and understanding the obligations that it places on me.

..... **Date** / /

(Signature)

** Select Social Media if you wish to be update more frequently than via the newsletter.