



**SUTHERLAND BUSHWALKING CLUB INC.
PO BOX 250
SUTHERLAND NSW 1499**

APPLICATION FOR MEMBERSHIP

First name: _____ Date of birth: _____

Surname: _____ (Mr / Mrs / Ms / Miss/ Other)

Address: Number & street:.... _____

Town & postcode: _____

Telephone: Home: _____ Work: _____ Mobile: _____

Email: _____

Emergency Contact: Name: _____

Relationship: _____ Phone: _____

First aid qualified: Yes / No Type: _____ Expiry: _____

I require a paper copy of the Activity Program and Newsletter Yes / No

I wish to be notified by e-mail for new programs, newsletters, activities Yes / No

PAYMENT DETAILS Membership fee \$30 for a calendar year. Payment may be made by cash, cheque, money order or bank transfer. (Please circle method). Date of payment (bank transfer only) _____

Details for Bank Transfer: PLEASE PUT YOUR NAME IN THE PAYMENT/ACCOUNT DESCRIPTION

Account Name: Sutherland Bushwalking Club Inc BSB: 032 059 Account Number: 186416

MEMBERSHIP IS SUBJECT TO RECEIPT OF A SIGNED FORM (SIGN THE WAIVER ON THE REVERSE SIDE OF THIS APPLICATION) AND APPROVAL BY THE CLUB COMMITTEE **PTO**

If we are unable to identify who has paid OR we have not received the completed forms the funds will be considered a donation to the club

CLUB USE ONLY

Waiver signed Club Receipt No: _____ Date: _____ Member No: _____

SUTHERLAND BUSHWALKING CLUB INC. PO BOX 250, SUTHERLAND, NSW, 1499

MEMBERSHIP RECEIPT

_____ is a full member of the SUTHERLAND BUSHWALKING CLUB INC.
for the year _____ having paid the required fee of \$30.

Date Member Number Treasurer



SUTHERLAND BUSHWALKING CLUB INC.
PO BOX 250
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WAIVER

In voluntarily participating in any activity of the **Sutherland Bushwalking Club Inc.** I am aware that this may expose me to risk that could lead to injury, illness or death or to loss of or damage to property.

Those risks may include but are not limited to slippery and/or uneven surfaces, rocks being dislodged, falling at edges of cliffs or drops elsewhere, risks associated with crossing creeks, hypothermia and heat exhaustion.

To minimize these risks I will endeavour to ensure that any activity in which I participate is within my capabilities and that I am carrying food, water and equipment appropriate for that activity. I agree to advise the leader if I am taking any medication or have any physical or other limitations that might affect my participation in that activity.

I will make every effort to remain with the rest of the party during the activity and accept the instructions of the leader of the activity.

I have read or heard and understand these requirements. I have considered the risks before choosing to sign this form. I still wish to participate in the activities of the **Sutherland Bushwalking Club Inc.**. I agree by signing this to waive any claim for damages arising from these activities that I may have against the club, leader or other participants.

I hereby apply for full membership of the SUTHERLAND BUSHWALKING CLUB INCORPORATED, and agree to abide by the Constitution and By-Laws of the Club. I am over 18 years of age.

Signature: _____

Date: _____

Name (Print): _____

HOW DID YOU HEAR OF THE SUTHERLAND BUSHWALKING CLUB?

Friends Website Local Newspaper Other