



SUTHERLAND BUSHWALKING CLUB INC
PO BOX 250
SUTHERLAND NSW 1499

APPLICATION FOR MEMBERSHIP

❖ RENEWAL MEMBERSHIP APPLICATION PAYMENT DUE YEARLY BY 31 JANUARY
❖ NB: IF NOT PAID BY DUE DATE YOU WILL BE UNSUBSCRIBED FROM MAILOUT & ALERT LIST

First name: _____ Date of birth: _____

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

Address: Number & street: _____

Town: _____ Postcode: _____

Telephone: Home: _____ Work: _____ Mobile: _____

Please Note: If you provide an email address it will be assumed you wish to receive email alerts.

Email: _____

Emergency Contact: Name: _____

Relationship: _____ Phone: _____

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

PAYMENT AND BANKING DETAILS

Membership fee payable per calendar year	\$ 30.00
Additional fee of \$5 payable if printed program & newsletter are required	\$ _____
Total Amount Payable	\$ _____

Payment can be made by bank transfer, cash, cheque or money order (Please circle method).

Date of payment (bank transfer only): _____

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

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

MEMBERSHIP IS SUBJECT TO SIGNING THE WAIVER ON THE REVERSE SIDE OF THIS FORM AND APPROVAL BY THE CLUB COMMITTEE P.T.O. → → →

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 \$ _____ and will receive electronic/printed program.

Date Member Number SBC



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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 Activity Organiser 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 Activity Organiser.

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, Activity Organiser 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 BUSHWALKERS?

Friends Website Local Newspaper Other _____

CHECK LIST

- Waiver form signed
- Remember to complete section – “Payment and Banking Details” (include cheque if applicable)
- Post original form