



MEMBERSHIP APPLICATION

Membership Officer
PO Box 250
Sutherland
NSW 1499

Please complete **BOTH** sections of this form and post to the above address, after making payment

Personal Information we need:

Title: First Name: Family Name:

Date of Birth:/...../.....

Residential Address:

Suburb Postcode:

Telephone: Home: Work:..... Mobile:

Email:

Emergency Contact: Name:

Relationship:.....Phone:

First aid qualified: Yes No Type:Expiry:

Postal Address:(if different to Residential Address) :

.....

Payment and banking Details:

Clubs details for Online Payment / Direct Branch Deposit:

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

Membership fee payable	\$ 30.00
Additional fee payable (\$15) if printed program & newsletter are required	\$ _____
Total Amount Payable	\$ _____

Payment to be made online (PREFERRED) or Direct Branch Deposit Date paid:/...../.....

For on-line banking please ensure **your Name is entered in the Description** to appear on our statement

For cash/cheque Direct Branch Deposit please insert reference number here:

Membership is **subject to signing & returning the WAIVER** section of this form

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 Date: _____ Member No: _____



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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.

Signature: _____ Date: _____

Name (Print): _____

CHECK LIST

1. Waiver form signed
2. Remember to complete section – “Payment and Banking Details”
3. Post the original form and signed Waiver form