

APPLICATION FOR MEMBERSHIP

First Adult

Family name:

First name: (Mr/Mrs/Miss/Ms)

Second Adult

Family name:

First name: (Mr/Mrs/Miss/Ms)

List dependant children under 18 who are living at the address below (or are dependant full time students over 18 living at the address below) whom you wish to include in your family membership. In addition to listing children in the box below **it is essential** that the parent/guardian sign the Risk Waiver (Form RWC1) for each child and return it with this form to the club **before** the child attends its first club activity.

First child:	Year born:	Age:
Second child:	Year born:	Age:
Third child:	Year born:	Age:

Contact Details

Address: Postcode:

Home phone: Work phone:

Email:

Consent
I hereby give the Club permission to make available to other IBC members my Name and Contact Details as shown above.
(If you do not wish to make these details available to Club members please place X in this box)

RISK WAIVER AS DIRECTED BY CONFEDERATION OF BUSHWALKING CLUBS NSW INC

In voluntarily participating in any activity of the Inverell Bushwalking Club Incorporated 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 my 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 or elsewhere, risks associated with crossing creeks, hypothermia and heat exhaustion.

To minimise 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 the activity. I agree to advise the activity leader if I am taking any medication or have any physical or other limitations that might affect my participation in the 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 Inverell Bushwalking Club Incorporated.

I agree by signing this form to waive any claim for damages arising from this activity that I may have against the club, the leader or other participants in tort or contract.

Signature of First Adult: Date:

Signature of Second Adult: Date:

Please enclose with this application form your cheque or cash for \$5 prospective membership fee

Note that the \$5 prospective membership fee is valid for three months and enables you to participate in club activities. At the end of three months you will be invited to become a full member by paying the annual membership fee. Members joining after 31 December pay half the annual fee.

Return completed form(s) and fee to: The Secretary, Inverell Bushwalking Club Inc, PO Box 560, Inverell 2360

Club use only	Prosp fee paid:	(date)	Amt paid: \$.....	Expires:.....	Recorded <input type="checkbox"/>
	Form RWC1 rec'd:	(date)			Recorded <input type="checkbox"/>
	Memb form sent:	(date)			
	Memb form rec'd:	(date)	Amt paid: \$.....	Expires:.....	Recorded <input type="checkbox"/>