



Application for Membership 2018-19

I / We
Full name of Applicant(s) in capitals (and preferred given name for badge)

Of (street address): Postcode:.....

Telephone Numbers:

Home Office Mobile

Email address

Please verify that your email address is provided for the receipt of notices YES [] NO []

wish to become Adult / Family / Student / Pensioner / Associate member(s) of the Waverley Bushwalking Club.

Family membership may only include two adults and their children under 18 years.

Student / Pension card required to qualify for Student / Pension membership.

Associate members must pay event fees and their membership rights are restricted.

I / We have completed the following two walks with the Club as a temporary member/s as follows:

Date..... Place.....

Date..... Place.....

(if more walks are to be listed, please add an extra page)

Or I / We otherwise demonstrate my / our aptitude for participation in the Club's activities (please note on an extra page).

I / We agree to be bound by the rules, regulations and procedures of the Club for the time being in force.

If you have any doubts about your or your family's physical ability to undertake bushwalking or other club activities you should consult with your physician before applying for membership. All members should arrange their own accident, sickness and ambulance insurance.

Acknowledgement of Risks and Obligations of Members

This acknowledgement of risks applies to all club activities I may undertake.

I acknowledge that when I am participating in any activity of the Waverley Bushwalking Club (the Club), 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 this activity 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 minimise 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.

In addition, I will:

- make every effort to remain with the rest of the party during the activity;
advise the leader of any concerns I am having;
comply with all reasonable instructions of club officers and the leader(s) of this activity.

I / We give my/our consent for my / our contact details to be made available to authorised representatives of the club in accordance with the club's privacy policy.

I acknowledge that the payment of my subscription will be deemed as full acceptance and understanding of the above

Name: Please print name

Name: Please print name

Signed:

Signed:

Date:

Date:

Please complete the details below to assist in planning activities

1. Do you have any walk leadership skills? Please give details.
.....
.....
2. Do you have any first-aid training or experience? Please give details of training, and any certificates held etc.
.....
.....
3. Are you interested in:
Learning / improving bushwalking skills Yes No
Being a walk leader Yes No
4. Do you have any skills, or contacts, which may be of use in organising activities?
.....
.....
5. Are you interested in associated outdoor activities?
 Cross country skiing
 Cycling
 Canoeing
 Other (specify)
6. Age Group: 18-20 21-30 31-40 41-50 51-60 61+

Membership application payment

Membership subscriptions are renewable each year on 1 April.

Please tick all applicable items [✓] and insert amount payable...	Amount Payable
Joining Fee : \$20.00 [✓]	\$ 20.00
Annual Fees	
Subscription (please tick one)	
• Adult : \$38.00 ## []	
• Family : \$63.00 ## []	
• Student : \$28.00 ## [] Student Number _____	
• Pensioner : \$28.00 ## [] Pensioner Number _____	
• Associate : \$23.00 ## []	\$
Walklines newsletter by post (available free on the website) : \$25.00 ## []	\$
Confirm Total Payment (add all applicable items):	\$

A 50% discount applies for these items when new members are joining after 1 October 2018.

Return this form to the Membership Secretary, and make your payment by one of the following methods:

1. **Preferably, by internet banking or over the counter banking to our Westpac account:-**
Waverley Bushwalking Club, BSB No. 033 050 Account No. 293420
Please identify the payer in the transaction description, and return this form to the Membership Secretary by hand or by post.
 2. By cheque payable to Waverley Bushwalking Club, at a monthly club meeting or by post to
Waverley Bushwalking Club, PO Box 685, Glen Waverley 3150
- Please do not pay in cash.



Private & Confidential
Personal Health Details – Emergency Information

The purpose of this form is to contain basic but crucial and potentially lifesaving information. It is to be used by medical personnel in the hopefully unlikely but always possible situation where you may require urgent treatment but be unable to convey this information yourself.

Please complete, sign and put the completed form (or Vial of life card if you have it) in a small waterproof plastic bag (a small size 'Glad' type snaplock bag from any supermarket would be ideal or an empty film canister) and carry it in an outside pocket of your backpack.

Name:
Address:
Home Phone:
Date of Birth:
Medicare No.
My doctor:
Medical conditions:
Medication taken:
Medication carried:
Allergies:
Car Registration No:
Private Health Ins No.
Doctor's phone:

Club policy requires persons participating in a club activity, to advise the leader in private before commencing the activity, about any personal health, medication carried and or health care situation that could arise or be necessary to address, during the activity.

Next of kin and/or persons to contact in an emergency:
1. Name: Relationship: Contact Nos:
2. Name: Relationship: Contact Nos:
3. Name: Relationship: Contact Nos:

Important: Your personal, medical and "contact" list should be reviewed regularly.

The above information is private and confidential and shall only be used, to assist me, in an emergency.

Signed Date