



Membership Application

Name:	M / F / O * Year of birth (for insurance):		
Email:			
Postal Address:			
Phone:	Home:	Mobile:	Work:
Emergency Contact:	Name:	Phone:	
Do you hold a Level 2 First Aid Certificate? YES / NO If YES, Date of Qualification:			
Brief description of your bushwalking or outdoor experience:			
<i>Communications details and Emergency Contact details are normally made available online to leaders for the purpose of organising trips, in accordance with the Club's Privacy Statement which is published on the website. If you wish to withhold details from leaders, please apply to the Secretary</i>			

* Gender should be M (Male) or F (Female), or O if you do not identify as either, or prefer not to say.

Second adult for Family Membership (if applicable)

Name:	M / F / O Year of birth:		
Email:			
Phone:	Home:	Mobile:	Work:
Do you hold a Level 2 First Aid Certificate? YES / NO If YES, Date of Qualification:			
Brief description of your bushwalking or outdoor experience:			

Acknowledgement of Risk — All members 18 years and over must sign

<p>I am aware that my voluntary participation in any activity of this club may expose me to risks that could lead to injury, illness or death; or to loss of, or damage to, my property. These risks include, but are not limited to, slippery and/or uneven rocks, dislodged rocks, cliffs, exposure to weather and whiteout conditions, falling and hypothermia.</p> <p>In order to minimize these risks, I will endeavour:</p> <ul style="list-style-type: none"> • to ensure that any activity I participate in is within my capabilities; • to carry appropriate food, water and equipment for the activity; • to advise the leader if I have any physical or other limitation which might affect my participation; • to keep my Emergency Medical Information Form up-to-date; and • to make every effort to remain with the group during the activity and accept the instructions of the leader. <p>I have read and understood these requirements and have considered the risks before choosing to sign this Acknowledgement of Risk. I accept that in signing this form I will take responsibility for my own actions.</p>		
Name:	Signature:	Date:
Name:	Signature:	Date:

Children for Family Membership (if applicable)

Please avoid unnecessary insurance costs by only listing those members who will participate in trips.

Name:	M / F / O	Year of birth:
Name:	M / F / O	Year of birth:

Joining Fee and Annual Subscription

The Club membership year is 1 August to 31 July. New members June-July pay the standard annual subscription for membership up to 31 July in the following year.

Concession applies to Health Card Holders, Pension Card Holders and full-time students. A Seniors Card does not apply. Please bring your card to the club meeting.

** If applicable, **circle concession type** (Health/Pension/Student) and **enter concession card number** here:*

Concession Card	Health / Pension / Student	Number:
------------------------	----------------------------	---------

Membership type	Standard	Concession*	Fee Payable
Single Membership	\$55	\$50	\$
Family membership (<i>up to two adults, and any children under 18, all from the same postal address</i>)	\$110	\$100	
Single Membership with Bushwalking Victoria affiliation fee and insurance being paid through membership of another club (<i>evidence required</i>)	\$30	\$30	

Payment

Print and complete this form, and scan or take a clear photo of and email to – info@baysidebush.org.au

Make an EFT payment to: **Bayside Bushwalking Club**

BSB: **033 033**

Acc No.: **263 238**

Please identify your payment with your name.

OFFICE USE ONLY	Date Induction / Kit issued:	Receipt No.:	Date database updated:
Membership No.:	Payment received: \$	Date receipt issued:	Date email notification sent: