



Membership Application

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|--|-------|----------------------------|
| Name: | M / F | Year Born (for insurance): |
| Email: | | |
| Postal Address: | | |
| Phones: | Home: | Mobile: Work: |
| Emergency Contact: | Name: | Phone: |
| Do you hold BMLC, DWLC or STLC or other outdoor qualifications? YES / NO Other: | | |
| Do you hold a Level 2 First Aid Certificate? YES / NO If YES, Date of Qualification: / /20 | | |
| Brief description of your bushwalking or outdoor experience: | | |
| <p><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, apply to the Secretary.</i></p> | | |

Second adult for Family Membership (if applicable)

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|--|-------|---------------|
| Name: | M / F | Year Born: |
| Email: | | |
| Phones: | Home: | Mobile: Work: |
| Do you hold BMLC, DWLC or STLC or other outdoor qualifications? YES / NO Other: | | |
| Do you hold a Level 2 First Aid Certificate? YES / NO If YES, Date of Qualification: / /20 | | |
| Brief description of your bushwalking or outdoor experience: | | |

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

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|---|------------|-------|
| <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 Acknowledgment 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.

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|-------|-----|------------|
| Name: | M/F | Year Born: |
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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 | Concession* | Standard | Fee p.a. |
|--|-------------|----------|----------|
| Single Membership | \$40 | \$45 | \$ |
| Single Membership with Bushwalking Victoria affiliation fee and insurance being paid through membership of another club (<i>evidence required</i>) | \$20 | \$20 | |
| Family membership (<i>up to two adults, and any children under 18, all from the same postal address</i>) | \$80 | \$90 | |

Payment Options

There are three ways to pay.

1. Pay by cash or cheque (payable to Bayside Bushwalking Club) at a monthly meeting.
2. Send a cheque to Bayside Bushwalking Club, P.O. Box 460, Sandringham. 3191
3. Make an EFT payment to Bayside Bushwalking Club: BSB: 033 033 Acct: 263238. IDENTIFY YOUR PAYMENT WITH YOUR NAME.

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|------------------------|------------------------------|----------------------|-------------------------------|
| OFFICE USE ONLY | Induction / Kit issued Date: | Receipt No: | Database updated Date: |
| Membership No.: | Cash / cheque received \$ | Receipt issued Date: | Email notification sent Date: |