



BOROONDARA BUSHWALKERS INC.

Registration No. A0015162E

Application for Membership

Return to: The Membership Secretary, Boroondara Bushwalkers Inc.

P.O. Box 355, KEW, VIC. 3101

Or membership@boroondarabushwalkers.org.au

ADULT MEMBERSHIP (18 years and over)					
Name(s):					
Address:					
Telephone	Home:		Work:		Mobile:
Email address:		Personal details will be used for club specific purposes only			
Emergency Contact Persons	Name:			Telephone:	
	Name:			Telephone:	
CHILD*/FULL-TIME STUDENT MEMBERSHIP (aged 15-17) who are part of this membership (Note: Max. fee of \$30 for 1 or more children):					
Name:				Date of Birth:	
Name:				Date of Birth:	
*Children under 15 may walk as a visitor at no charge, as long as they are accompanied by an adult member of the Club who has signed a responsibility form.					
BUSHWALKING EXPERIENCE: List 2 walks which you have completed with The Club as a Visitor					
Walk Location:				Date:	
Walk Location:				Date:	
Do you hold a current First Aid Certificate?		Yes / No	Level:	Expiry Date:	
How do you want to receive The Vagabond? <i>(Tick one choice only)</i>			Website (included in fees)	Printed Copy (additional charge applies)	
Membership fees		\$	X no. of people	Fees payable:	
Joining Fee		25		\$	
Annual Subscription: Full Year (1 Apr to 31 Mar)					
Member		45		\$	
Concessional Member*		30		\$	
Annual Subscription: Part Year (1 Oct to 31 Mar)					
Single/Concessional Member*		30		\$	
The Vagabond – additional charge for hard copy		12		\$	
			TOTAL	\$	
* Concession = full-time students, full pensioners, unemployed (excludes Seniors Card and Seniors Health Care Card); children 15-17. n.b. Maximum fee of \$30 for 1 or more children.					
Student/Concession Card type:			No.:		
I/We wish to apply for membership of the Boroondara Bushwalkers Inc ("The Club").					
I/We agree to be bound by The Club's Rules of Association and any directions or guidelines of The Club for the time being in force. To the extent permitted by law, I/we expressly acknowledge and agree that no responsibility is accepted by The Club, its office bearers or its walks leaders for any loss, damage or injury howsoever occurring in the course of any activity organized or conducted by The Club.					
I have read, understand and accept the Acknowledgement of Risks and Obligations of Members (overleaf).					
ALL APPLICANTS MUST SIGN (If under 18 years, parent/guardian signature required)					
Signature:				Signature:	
Date:				Date:	
Office use only			Receipt Number		

Fees Payment

PAYMENT OPTIONS

Via internet banking: (preferred) to Boroondara Bushwalkers, then return signed completed renewal form.

At any NAB Bank: pay cash directly into the BBI account, then return signed completed renewal form.

At a club meeting: pay by cash or cheque, accompanied by signed completed renewal form.

By post: send cheque or postal order accompanied by signed completed renewal form.

Club bank account

Bank: **NAB** Account name: **Boroondara Bushwalkers** BSB: **083 028** Account number: **773507786**

Ensure that your full name is included in the destination account description.

The Club accepts no responsibility for incorrectly processed payments.

Please do not send in this form until after completing the Banking transaction.

Boroondara Bushwalkers Incorporated ("The Club")

Acknowledgement of Risks and Obligations by Members

This acknowledgement of risks applies to all club activities I may undertake as a member of Boroondara Bushwalkers Incorporated (The Club).

In voluntarily participating in activities of The Club, that have been described to me by the activity leaders, I am aware that I may be exposed to hazards and risks that could lead to injury, illness or death, or to loss of or damage to my property. I also acknowledge that I may encounter extreme weather conditions that could lead to heatstroke / hypothermia, and being in locations where evacuation for medical treatment may take hours or days.

To minimise risks I will endeavour to ensure that:

1. Each activity is within my capabilities.
2. I am carrying food, water and equipment appropriate for the activity.

In addition:

1. I will advise the activity leader if I am taking any medication or have any physical or other limitation that might affect my participation in the activity.
2. I will make every effort to remain with the rest of the party during the activity.
3. I will advise the leader of any concerns I am having.
4. I will comply with all reasonable instructions of club officers and the activity leader.

I have read and understand the above requirements. I have considered the risks before choosing to sign this acknowledgement of risk. I still wish to join the activities of The Club. I acknowledge that I will take responsibility for my own actions and that signing this Application Form, or the payment of my subscription, will be deemed as full acceptance and understanding of the above conditions.