



KOONUNG BUSHWALKING CLUB

PO Box 360, DONCASTER, VIC 3108
Incorporated Association Number A9928S.
ABN 23 919 184 953
A member of Bushwalking Victoria Inc.

Web address: www.koonungbushwalkingclub.org.au
Email : koonungbwc@yahoo.com.au

APPLICATION FOR MEMBERSHIP (Please complete one form per applicant)

First Name: _____ Surname: _____

Preferred name for your member name badge: _____

Address: _____ Postcode: _____

Telephone (Home): _____ (Work): _____ (Mobile): _____

(Email): _____

Age bracket for Insurance purposes (please tick):

18-34 35-54 55-94 95 and over

Emergency Contact Name: _____ Phone No: _____ (Mobile preferred)

How would you like to receive the Club's newsletter *Walk Talk*? By Mail: By Email:

(Currently *Walk Talk* is sent to all club email addresses unless you tell the Club Secretary not to do this).

Club walks (and Leader) completed to qualify for membership:

1. _____

2. _____

An abridged membership list is available from the Secretary on request.

Please tick this box if you **do not wish** your details to be circulated to other Club members.

Please tick this box if you **do not wish** your identifiable photograph to be used by the Club in any Format.

Acknowledgement of Risks and Obligations of Members

I acknowledge that my voluntary participation in activities organised by the Koonung Bushwalking 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, snake or insect bites, traversing rough ground, loose stones or rocks, scrub, fallen logs or other obstacles, slippery surfaces and creek crossings, encountering weather conditions that could lead to hypothermia or hyperthermia and being in locations where evacuation for medical treatment may take hours or days.

To minimise these risks I will endeavour to ensure that:

1. The activity is within my capabilities.
2. I am carrying food, water and equipment appropriate for the activity
3. I will advise the activity leader if I am taking any medication or have any physical or other limitation that might adversely affect my participation in the activity.
4. 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.
5. I will advise the leader of any concerns I am having, and
6. I will comply with all reasonable instructions of club officers and the activity leader.

I have read and understood these requirements and considered the risks. I still wish to participate in Club activities and accept that in signing this form I take full responsibility for my actions.

I also acknowledge that signing this form will be deemed as full acceptance and understanding of the above conditions.

I further acknowledge that in signing this form I support the purposes of the Koonung Bushwalking Club and agree to comply with the Rules of the Club as displayed on our web site under Members Information.

Signature: Date:

MEMBERSHIP FEES: - Due and payable by 30th June each year and if joining **after November 1st**, only 50% of the Annual Fee is payable.

Former members re-joining after a 2 year break from club membership are required in their application to pay once again the Joining Fee.

ONE OFF JOINING FEE (\$20 per person) = \$ _____

Plus

ANNUAL MEMBERSHIP FEES: (circle below whichever is applicable) = \$ _____

TOTAL FEE: = \$ _____

	Receiving WALK TALK BY EMAIL	Receiving WALK TALK BY POST
SINGLES:	\$50	\$70
COUPLES/FAMILIES:	\$85	\$105

PAYMENT CAN BE MADE BY:

Cash, Cheque (address as below), or EFT to Koonung Bushwalking Club, BSB: 063-254, ACCT NO. 1006 1151

NOTE: Whether paying by electronic transfer, cash or cheque, this completed form must be sent to the Treasurer.

The Treasurer, 'Koonung Bushwalking Club, P.O. Box 360, Doncaster 3108

Should you wish to have direct communication with Bushwalking Victoria, please contact the BWV secretary on (03) 9846 1132 or email: admin@bushwalkingvictoria.org.au and the web address is www.bushwalkingvictoria.org.au

Please cut out this EMERGENCY INFORMATION form and keep it in your waterproof container in an outer pocket or on the outside (using the metal container & clip system) of your day walking pack.

.....

EMERGENCY INFORMATION

NAME CAR REGO.....

ADDRESS..... DOB.....

..... MOBILE.....

MEDICAL Conditions.....

ALLERGIES.....

MEDICATIONS Used..... Carried in Pack (YES/NO)

..... Carried in Pack (YES/NO)

***Optional information:**

*Ambulance No: *Medicare No:

*Health Insurance Provider: *Membership No:

NEXT OF KIN/CONTACT PERSON

NAME..... RELATIONSHIP.....

ADDRESS..... Phone No:

..... Mobile No: