



## KOONUNG BUSHWALKING CLUB

PO Box 360, DONCASTER, VIC 3108

Incorporated Association Number A9928S

ABN 23919 184 953

A member of Bushwalking Victoria

Web address: [www.koonungbushwalkingclub.org.au](http://www.koonungbushwalkingclub.org.au)

Email: [secretary@koonungbushwalkingclub.org.au](mailto:secretary@koonungbushwalkingclub.org.au)

### APPLICATION FOR MEMBERSHIP

*(Please complete one form per applicant)*

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred name for your member name badge: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone (Mobile): \_\_\_\_\_ (Home): \_\_\_\_\_

(Email): \_\_\_\_\_

Age bracket for Insurance purposes (please tick):

18-24 。 25-34 。 35-44 。 45-54 。 55-69 。 70-84 。 85-94 。 95 and over 。

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone No: \_\_\_\_\_ (Mobile preferred)

Please tick this box if you **DO wish** to be invited to join Koonung Facebook Members Only Private Group

If you are a member of more than one BWV affiliated club(s), which is your primary club?

(Name) .....

Also please provide name(s) of other BWV affiliated bushwalking club(s) of which you are a member

.....

## 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.
5. I accept and respect the instructions of the leader of the activity.
6. I will advise the leader of any issues I am having. For any further concerns I will contact the Committee.
7. 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.

Be considerate and respect the rights of members of your party and other groups to enjoy the peace and solitude of the bush at all times.

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 Vic. Govt. Incorp. Rules of the Club and KBC's Privacy Policy which can be downloaded from the front page of our website [koonungbushwalkingclub.org.au](http://koonungbushwalkingclub.org.au).

Signature.....

Name .....

Date .....

### MEMBERSHIP FEES: -

Due and payable by 30<sup>th</sup> April annually and if joining **after November 1<sup>st</sup>**, only 50% of the Annual Fee is payable. If KBWC is your secondary BWV affiliated club, \$15 per person may be deducted from the full year fees shown below.

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** (\$25 per person) = \$

*Plus*

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

**TOTAL FEE** = \$ \_\_\_\_\_

|                              |      |
|------------------------------|------|
| Individual                   | \$45 |
| Individual (KBC not primary) | \$30 |

### PAYMENT CAN BE MADE BY (Please tick):

Cash

**EFT to Koonung Bushwalking Club**   
**BSB: 633-000, A/c No. 219124880** (Please include your surname)

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

**EITHER by mail - The Treasurer, Koonung Bushwalking Club, P.O. Box 360, Doncaster 3108,  
OR Scan / photograph and email to [treasurer@koonungbushwalkingclub.org.au](mailto:treasurer@koonungbushwalkingclub.org.au)  
OR deliver in person to the Treasurer at a KBWC meeting.**

**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. You will be given a metal canister for this purpose, once you have been granted membership.

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**EMERGENCY INFORMATION**

NAME .....

CAR REGO.....

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

.....MOBILE.....

**MEDICAL**

Conditions.....

ALLERGIES.....

MEDICATIONS Used.....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: .....