

APPLICATION FOR MEMBERSHIP OF ASSOCIATION

**KYOGLE BUSHWALKERS INC.**

(incorporated under the Associations Incorporations Act 1984)

I \_\_\_\_\_ (full name of applicant)

of (address) \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

hereby apply to become a member of the abovementioned incorporated association.

In the event of my admission as a member, I agree to be bound by the rules of the association for the time being in force.

(Signature) \_\_\_\_\_ (date) \_\_\_\_\_

I \_\_\_\_\_ a member for the association, second the nomination of the applicant, who is personally known to me, for membership of the association.

(Signature of seconder) \_\_\_\_\_ (date) \_\_\_\_\_

I agree to share my contact details (phone/email address) with other club members : YES / NO

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Please complete and sign this form (including the risk waiver on page 2) and post it to Kyogle Bushwalkers, P.O. Box 439, Kyogle NSW 2474.

The annual membership fee is \$20.00. For the direct deposit, use your surname as the payment reference.

Account Name: Kyogle Bushwalkers Inc.  
BSB No. 728728 (Summerland Credit Union)  
Account No. 22323334

# Kyogle Bushwalkers Inc.

## ACKNOWLEDGEMENT OF RISKS AND OBLIGATIONS FOR MEMBERS

This acknowledgement of risks applies to all club activities I may undertake as a member of

### ***The Kyogle Bushwalkers Inc.***

In voluntarily participating in activities of the Club which are described to me by the activity leaders I am aware that my participation in the activities may expose me 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 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 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.
3. 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.
4. I will make every effort to remain with the rest of the party during 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 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 form and the payment of my subscription will be deemed as full acceptance and understanding of the above conditions.

Name: \_\_\_\_\_ (please print name)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_