

**DALMENY NAROOMA BUSHWALKERS INC. MEMBERSHIP FORM**

**How to join – 3 steps:** (1) download & print this form; (2) bring completed form to your first walk; (3) pay annual membership fee of \$30 by bank transfer.

Notes: If you are unable to print the form, let us know. Our financial year is from 1 May to 30 April. If joining between 1 February and 30 April, membership lasts until end of following financial year (up to 15 months).

Payment details for \$30 bank transfer: **Account Name: Dalmeny Narooma Bushwalkers Inc.**

**BSB: 082 744      Bank Account No: 762 882 804      Reference: Your NAME**

**Part 1 PERSONAL DETAILS** - please print carefully

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

Email \_\_\_\_\_

Address \_\_\_\_\_

Phone, pref your mobile number \_\_\_\_\_

Contact in emergency: name & phone no. \_\_\_\_\_

**Part 2 STATEMENT OF AGREEMENT and ACKNOWLEDGEMENT OF RISKS AND OBLIGATIONS**

I understand and agree with the principles and rules of the Dalmeny Narooma Bushwalkers Inc. as explained on the club’s website and walk program, and I agree to comply with them. In voluntarily participating in the activities of Dalmeny Narooma Bushwalkers Inc., I am aware that I am risking injury, illness and death and loss of, or damage to, my property. Typical risks may include but are not limited to hyperthermia, hypothermia, slipping on loose or icy surfaces, slipping on rocks, falling rocks, exposure, snake bite, bee stings and other insect attacks, burns, drownings, stepping into unseen holes, accidents during vehicle travel to walks, navigation errors and becoming lost. To minimise risks, I will:

- inform myself of the nature of the activity and ensure that it is within my capabilities,
- carry food, water, medication, clothing and equipment appropriate for the activity,
- advise the leader of any physical or other limitation, or any dependence on medication, that may require urgent attention during the activity,
- make every effort to remain with the rest of the party during the activity,
- advise the leader of any concerns I am having, and
- comply with all reasonable instructions of the leader.

I understand these risks and requirements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Committee Use

Recommended \_\_\_\_\_ Seconded \_\_\_\_\_

Date Joined \_\_\_\_\_ Amount Paid \_\_\_\_\_

Receipt No. \_\_\_\_\_ Receipt Date \_\_\_\_\_ Membership officer initials \_\_\_\_\_