

ALL NATIONS BUSHWALKERS INC. MEMBERSHIP FORM

Please complete this form and return it with the appropriate fee to:

All Nations Bushwalkers Inc
PO Box Q23
Queen Victoria Building NSW 1230



Or you can deposit electronically the fee into the Club's Commonwealth Bank account – **BSB: 062 002, A/c No.: 1000 1833** – in which case please attach an EFT deposit payment record printout to this form.

MEMBERSHIP FEE SCHEDULE

SINGLE

FAMILY/HOUSEHOLD

<input type="checkbox"/> Joining as New Member	\$35.00	Appropriate single fee plus
<input type="checkbox"/> Renewal per year <u>after</u> membership expiry	\$35.00	\$15.00 for each additional household or family member
<input type="checkbox"/> Renewal for 1 year <u>before</u> membership expiry	\$32.00	No. of family members included _____
<input type="checkbox"/> Renewal for 2 years <u>before</u> membership expiry	\$55.00	
<input type="checkbox"/> Renewal for 3 years <u>before</u> membership expiry	\$75.00	Total amount enclosed \$ _____

Your Personal Details

Part of the membership fee pays for membership in The Confederation of Bushwalking Clubs and personal liability and sports accident/injury insurance.

Informed consent: I agree that when participating in ANB Inc (the Club) activities, I do so voluntarily & at my own risk. I understand that some activities may be dangerous and may expose me to risk that could lead to injury, illness or death or to loss of or damage to my property. Those risks may include, but are not limited to, slippery and/or uneven surfaces, rocks being dislodged, falling at edges of cliffs or drops or elsewhere, risks associated with crossing creeks, hypothermia and heat exhaustion. To minimise the risks I will endeavour to ensure that any activity in which I participate is within my capabilities and that I am carrying food, water and equipment appropriate for the activity. I agree to advise the activity leader if I am taking any medication or have any physical or other limitations that might affect my participation in the activity. I agree to follow the reasonable directions of the activity leader and make every effort to remain with the rest of the party during the activity. I have read or heard and understand these requirements. I have considered the risks before choosing to sign this form. I still wish to participate in the activities of the Club. I agree by signing this form, to waive any claim for damages arising from my participation in Club activities that I may have against the Club, the leader or other participants in tort or contract.

Title First Name Surname Date Signature (your parent or legal guardian needs to sign here if you're under 18)

Home Address Suburb State Postcode

Home Phone No. (Please Include Area Code) Work Phone No. (Optional)

*Email address (if you have one) Internet NSW Bushwalking Confederation Friends Other:
 How did you find out about us? (Please tick a box) _____*

Do you hold a current First Aid certificate? YES/NO Date of Expiry: _____

The club also needs a contact person in case of emergency:

Title First Name Surname Phone No. (please include Area Code) Relationship

ADDITIONAL FAMILY/HOUSEHOLD MEMBERS: (Please indicate age if under 18)

Title	First Name	Surname	Age	Signature (of Parent or Guardian if under 18)
1)				
2)				
3)				
4)				

What would you like to do? (optional question)

- | | | |
|------------------------------------------------|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Day walks | <input type="checkbox"/> Liloing | <input type="checkbox"/> 4WD trips |
| <input type="checkbox"/> Full pack walks/camps | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Dinners |
| <input type="checkbox"/> Car camps | <input type="checkbox"/> Snorkelling | <input type="checkbox"/> Social events |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Rogaining | <input type="checkbox"/> Other (below) _____ |
| <input type="checkbox"/> Parlour games | <input type="checkbox"/> Organise activities | |

Administrative use only:

Date sent
 Letter.....
 Activity Program.....
 Newsletter.....
 Renewal.....
 Lifetime.....
 New member.....
 Date received.....
 Paid by.....