

MEMBERSHIP RENEWAL/UPDATE



Your membership expiry date is stated on your Membership Card. It is your responsibility to renew your membership on or before the due date.

MEMBERSHIP NO: _____

SURNAME: _____ FIRST NAME: _____ TITLE: _____

MAILING ADDRESS: _____

SUBURB: _____ STATE: _____ POST CODE: _____

TELEPHONE (Home) _____ (Other/Mobile) _____

E-MAIL ADDRESS: _____

Do you wish to lead walks or other activities? YES NO

Do you have a FIRST-AID Certificate: YES NO

Certificate Provider _____

Type/Level _____ Certificate Number _____ Expiry date _____

I acknowledge that when I am participating in any activity of the Perth Bushwalkers Club Inc. I am doing so as a volunteer in all aspects and as such I accept all responsibility for loss of property or bodily injury to me, however it may occur.

I acknowledge that my participation in this activity may expose me to risks that could lead to injury, illness or death or to loss of or damage to my property. Those risks include, but are not limited to, slippery and/or uneven ground, rocks being dislodged, swimming, diving, submerged logs and rocks, shallow and/or cloudy water, hypothermia and strong currents. In particular when participating in abseiling or above the snowline activities I am aware that I may be exposed to risk such as, but not limited to, snow drifts, cliffs, exposure to weather and white out conditions and falling.

I will make all reasonable effort to avoid or minimise these risks by; only participating in activities within my/our capabilities, carrying food, water and equipment appropriate for the activity, and advising the leader if I am taking any medication or have any physical or other limitation that might affect my participation in the activity. I acknowledge that the payment of my subscription will be deemed as full acceptance and understanding of the above.

SIGNATURE _____ DATE ____/____/____

Privacy Policy: We regard your privacy as a right not a privilege.

The information you have disclosed on this form other than your name and address is restricted to committee members only. No one outside the club is given access to your personal details without your permission.

Membership Fee, per year (tick one):

- \$30.00 - with monthly newsletter sent via email (ensure your email address is entered above)
- \$47.00 - includes monthly newsletter sent by surface mail

Payment Option (tick one):

- Direct Credit:** Your Bank Details: _____ on Date: _____
Direct Credit via internet banking: BSB: 306 044 A/C: 4182515 - Use your membership number & surname as a reference. (No responsibility can be taken by the Club for funds deposited that aren't identifiable.)
- Cash**
- Cheque**
- Money Order**

Please forward completed form to:

The Membership Secretary
Perth Bushwalkers Club (Inc)
PO Box 7014
NORTH APPLECROSS, Western Australia 6153

Administrative use:

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|------------|--------------|---------------|---------------|
| Amount-\$ | Bank Details | Date Received | Expiry Date |
| Request No | Date Paid | Card Sent | Membership No |