

MELTON BUSHWALKERS INC. (FORM 1)

(Registration No. A0020535X)

APPLICATION FOR MEMBERSHIP

PLEASE PRINT

Name:
(If a family membership, both adult names please)

Address:

Postcode:

Home phone:

Mobile:

Email:

Date of birth: (Required for insurance reasons)

Next of kin: (for use in emergency situations only)

Name:

Address

Postcode:

Home phone:

Mobile:

Health conditions that walk leaders should be aware of such as Diabetes, Heart conditions, Asthma, Allergic reactions to bee stings etc.

This information is optional, but is very important should our first aiders ever require it.

I voluntarily apply to become a member of the Melton Bushwalkers Inc. (MBI). If accepted, I accept full responsibility of risks and release MBI from liability and agree not to sue or make claims against MBI, its Committee or leaders, for any personal injury, death, property damage, or loss sustained by me as a result of my participation in any MBI activity, due to any cause whatsoever, including without limitation, negligence on the part of MBI or its leaders. I agree to be bound by the rules of the club.

IF A FAMILY MEMBERSHIP, OR YOU WILL BE BRINGING CHILDREN WITH YOU, EVEN OCCASIONALLY, PLEASE LIST NAMES AND AGES OF THE CHILDREN HERE:

Dated:

Signature: