

Capricornia Bushwalkers Inc. – Membership Application	
I wish to apply for / renew my membership (new memberships will be provisional, until approved by the next general meeting)	<input type="checkbox"/> Renewal <input type="checkbox"/> New (Tick one box)
Type of membership	<input type="checkbox"/> Single <input type="checkbox"/> Family (2 Adults + children)
Membership fee (for calendar year or part thereof)	<input type="checkbox"/> \$25 single <input type="checkbox"/> \$40 family
Personal Information By law, the club is required to maintain a register of members and their residential addresses. The information collected here is retained by the club secretary for the purposes of club business; it is otherwise confidential. The postal or email address you provide here will be used to send your newsletter, and any other club correspondence. The phone numbers will be used in emergencies.	Given Name(s)
	Family Name
	Residential Address (not PO Box)
 Postcode
	Mailing Address (if different)
..... Postcode	
Family membership: Please list below the names of all other people to be covered by this membership:	Phone: Home
	Work
	Email Address
.....

I agree to observe the Club's Rules and By-laws laid down for members.

The Club has Public Liability and Personal Accident Insurance covers. The limit of Public Liability is \$20,000,000. Personal Accident Insurance only covers members aged 18 to 84 years old, inclusive. The cost of insurance is included in the membership fee.

Acknowledgement of Risk

I acknowledge that when I am participating in any activity of the Capricornia Bushwalkers 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 hazards and risks that could lead to injury, illness or death or to loss of or damage to my property. In particular when participating in abseiling or above the snowline activities I am aware that I may be exposed to additional hazards and risks.

I will make all reasonable effort to avoid or minimise these risks by;

- only participating in activities within my 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 membership fee will be deemed as full acceptance and understanding of the above.

Signature(s):	Date:
.....
Single OR 1 st Adult Family member	2 nd Adult Family member
/...../.....

Please post your completed membership form, with membership fee, to:

Treasurer, Capricornia Bushwalkers Inc., PO Box 1130, Rockhampton, Qld 4700.

(To pay direct: BSB 064-710 [C'wealth], Account No 00917137, your family name as reference)