



**MEMBERSHIP APPLICATION  
AND RISK WAIVER ACKNOWLEDGEMENT**

(Please do not use for membership renewal)

I, \_\_\_\_\_ (Full Name)

apply to become a member of Lake Macquarie Bushwalkers Inc. I am aged over 18. In becoming a member I agree to be bound by the Constitution of Lake Macquarie Bushwalkers Inc. for the time being in force.

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Phone number \_\_\_\_\_ Mobile number \_\_\_\_\_

Email \_\_\_\_\_

Current First Aid Certificate YES / NO

I hereby consent to my name and phone number being made available to other members of the club. YES / NO

In voluntarily participating in the activities of this Club, 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:

- **not attend a walk if I have any cold or flu-like symptoms, or I am feeling unwell**
- 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 walk leader.

I understand these risks and requirements.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Proposer \_\_\_\_\_ Date \_\_\_\_\_

Secunder \_\_\_\_\_ Date \_\_\_\_\_

Membership fee is \$25.

**Direct Deposit or Bank Deposit/Transfer**

(for other payment methods, please contact the Treasurer (email address below))

**IMB**

**Account : 200911395**

**BSB : 641 800**

Please indicate your **Last Name** and 'Mmbrshp' to assist us in identifying the depositor

Send this completed *and signed* form to:-

**Scan & Email in pdf format (no photos please): [rose@first-strike.com.au](mailto:rose@first-strike.com.au)**

<b>OFFICE USE ONLY</b> Date received	Receipt no.
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