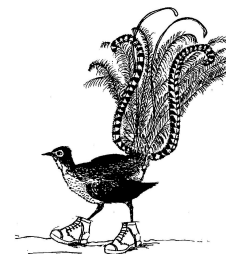


MEMBERSHIP APPLICATION FOR 2011/2012  
**SOUTH GIPPSLAND WALKING & ADVENTURE CLUB**



**Family Name:** .....

**First Names:** .....

.....(please indicate ages of children 18 years & under)

**Address:** .....

**Postcode:** ..... **Email:** .....

**Telephone:** ..... **Mobile:** .....

Do you hold BMLC, STLC or other outdoor qualifications? Yes / No

Do you hold a current First Aid Certificate? Yes / No

Are you a member of any other outdoor club? Yes / No

If yes, please name the club: .....

**New Members:** How did you hear about this club?.....

**DUE DATE: 30<sup>th</sup> June, 2011**

This is a:      **Subscription Renewal** Yes/No                      **New Membership**                      Yes/No

\$55 Family                       \$50 Family Concession

\$40 Single                       \$35 Single Concession                       \$25 Student (Full time)

**Banking details:** Bendigo Bank, Account Name: SGWAAC, BSB No. 633-108, Acc.No. 111616660

**Enclosed please find my payment FOR THE 2011/12 Club Membership      \$ .....**

**Acknowledgement of Risks of Members Participating in Club Activities**

In voluntarily participating in an activity of this Club, I am aware that my participation 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 rocks, rocks being dislodged, cliffs, exposure to weather and whiteout conditions, falling and hypothermia.

To minimize these risks, for each activity I will endeavour to ensure that:

1. The activity is within my capabilities
2. I will carry food, water and equipment appropriate for the activity
3. I will advise the activity leader if I am taking any medication or have any physical or other limitation that might affect my participation in the activity, or any concerns I may have.
4. I will make every effort to remain with the rest of the party during the activity and accept instructions of the leader of the activity.

I have read and understand these requirements and considered the risks. I have considered the risks before choosing to sign this acknowledgement of risk and accept that in signing it I will take responsibility for my own actions.

**Signature:** ..... **NAME:** .....

**Date:** .....

**Forward to: The Treasurer, SGWAAC, PO Box 557, LEONGATHA 3953**