



The Walking Club of Victoria Inc (No. A0000567M)

Application for Membership

Return to: The Secretary, Walking Club of Victoria Inc., 493 Kooyong Rd, Elsternwick, 3185

Surname (Block Letters): (Second Family Member over page)		Given Names:	
Phone Number (Home):	Mobile:	Date of Birth:	
Address		Post Code	
Email (Print email address clearly (<u>show upper case</u> letters in address))			
Emergency Contact Name:		Phone:	
Relationship to Contact:			
Do you hold a current First Aid Certificate? (circle choice)		Yes	No
Level:		Expiry:	
Are you a member of any other Outdoor Club?		Yes	No
If so, please specify:			
Brief description of your bushwalking or outdoor experience:			
When and how did you first hear about our Club?			
▪ Please ensure that you advise the leader of the walk of any relevant medical conditions if applicable.			
PLEASE READ AND SIGN UNDERTAKINGS OF A NEW MEMBER OVER PAGE			

PRE-MEMBERSHIP WALKS		
Walks Successfully Completed	Date	Leader
1.		Print Name
2.		Print Name
3.		Print Name
Approved by Committee: Signed:		Position:
		Date:

MEMBERSHIP FEES (For year ending March 2018)			
Annual Subscription	Single: \$50.00	Family: \$75.00	\$
Pro-rata Subscription **	Single: \$25.00	Family: \$37.50	\$
(If after Jan 1 full annual subscription but covers to March following year)			
** (Applicable only if joining after September)			
Payment amount enclosed or Direct Debit	Cash	Cheque	Direct Debit
Direct Debit Details: WCV Westpac BSB 033126 Acct 116165 marked with your name.			
Office Use Only			
Subscription Received:	\$	Receipt No.	Date:

NOTE: MEMBERS ATTEND ACTIVITIES AT THEIR OWN RISK.

The Club takes no responsibility for injury, or loss or damage to personal belongings.
Members are strongly advised to take out their own cover for ambulance insurance.

- Payment by cheque to be posted to The Secretary with this form.
- Cash payment to be handed direct to The Secretary with this form.
- This form to be forwarded to The Secretary if payment is by direct debit.

To be completed for FAMILY MEMBERSHIP ONLY – 2ND FAMILY MEMBER DETAILS		
Surname (Block Letters): (Second Family Member if applicable)		Given Names:
Phone Number (Home):	Mobile:	Date of Birth:
Address		Post Code
Email (Print email address clearly (show upper case letters in address))		
Emergency Contact Name:		Phone:
Relationship to Contact:		
Do you hold a current First Aid Certificate? (circle choice)	Yes	No
Level:	Expiry:	
Are you a member of any other Outdoor Club?	Yes	No
If so, please specify:		
Brief description of your bushwalking or outdoor experience:		
When and how did you first hear about our Club?		
<ul style="list-style-type: none"> Please ensure that you advise the leader of the walk of any relevant medical conditions if applicable. 		
PLEASE READ AND SIGN UNDERTAKINGS OF A NEW MEMBER BELOW		

UNDERTAKINGS OF A NEW MEMBER.

I or my family wish to become a member or members of The Walking Club of Victoria Inc. A0000567M.

Where applicable, for Club membership purposes, I understand that a family is two (2) adults living at the same address and my children (under the age of 18 years, regardless whether or not they live at that same address).

I undertake to support the purposes of the organisation which I understand to be that by voluntarily participating in the Walking Club of Victoria Inc activities I may be exposed to risks that could lead to injury, illness or loss of or damage to my property. These risks include but are not limited to, snake or insect bites, traversing rough ground, loose stones or rocks, scrub, fallen logs or other obstacles, slippery surfaces and creek crossings, encountering weather conditions that could lead to hypothermia and being in locations where evacuation for medical treatment may take hours or days.

To minimise these risks I will endeavour to ensure that:

- Activities in which I participate are within my capabilities.
- I will carry food, water and equipment for the activity.
- I will advise the activity leader of any medication or any physical or other limitation that might adversely affect my participation in the activity.
- I will make every effort to remain with the rest of the party during activities.
- I will advise the leader of any concerns I am having during activities.
- I will comply with all reasonable instructions of club officers and activity leaders.
- I have read and will endeavour to comply with the directives in the Member's Guide Book.

I have read and understand the above requirements and have considered the risks before choosing to sign these undertakings of a new member. I still wish to participate in Club activities and accept that in signing this application I will take responsibility for my own actions. I also acknowledge that signing this form will be deemed in full acceptance and understanding of the above conditions. I also accept that photos taken during the activity may include images of me, and/or my family, and these may appear for public viewing on the Club's web site, as well as be electronically shared amongst Club members and visitors. Further I agree to comply with the Walking Club of Victoria Inc. Rules of Association as displayed on the web site on the 'Join Us' page.

Date:	Signature:
Additional Signature (Family Membership Only):	