BENDIGO BUSHWALKING AND OUTDOOR CLUB INCORPORATED

MEMBERSHIP RENEWAL FORM

New and renewing members alike MUST sign the Acknowledgment of Risk.

Membership fees are due from the first of July. Adults \$40, Family \$60. Payment as follows:

- Post a cheque together with this form to The Treasurer, Bendigo Bushwalking and Outdoor Club, PO Box 989, Bendigo 3552
- Bring cheque or cash to the monthly meeting: 4th Tuesday of the month, 730 pm, Presbyterian Church Hall, Forest Street
- or pay by Direct Debit BSB 633000 Account No 134109016 Reference your name. Please notify the Treasurer and provide a signed Acknowledgment of Risk at the earliest opportunity.

Please complete all the following sections

1. PER	SONAL	DETAILS		
Adults	1.		2	
Childre	n 1.		2	
Address	S			
				Postcode
Mobile				
Email				
Next of	Kin/Nor	ninated person to contact in	an emergency	
Name				**
Address	S			
2. ACK	NOWLE	OGMENT OF RISK AND OBLI	GATIONS OF MEMBERS	
Bushwa to me b and risk acknow	alking an by the acks that collected	d Outdoor Club Inc. In volun tivity leaders, I am aware the ould lead to injury, illness or	tarily participating in activation at the activation at my participation in the activation and the activation and the activation at the activation and the activation at the activation and the activation at the	to hypothermia and being in
		en participating in abseiling e to additional hazards and :		ivities I am aware that these activities ne activity leader.
To mini	mise risl	s I will endeavour to ensure	that:	
	I am ca	tivity is within my capabilitie rying food, water and equip		activity.
1. 2. 3.	I will ac that mi I will m I will ac	vise the activity leader if I are ght affect my participation in the every effort to remain we wise the leader of any conce mply with all reasonable institutions.	n the activity. ith the rest of the party du erns I am having.	•
I have racknow Respon	ead and ledgemesibility f	understand the above requient of risk. I still wish to join	irements. I have considered the activities of the club. I signing this form or the pay	d the risks before choosing to sign this acknowledge that I will take yment of my subscription will be
Name _			Signed	Date