



**Essendon Bushwalking Club Inc.**  
**(A0005559B)**  
**Application for Membership**  
PLEASE PRINT

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ (required for insurance purposes)

*Please Note that all members with email addresses will receive copies of the club newsletter "Old Man Emu" & the Program by email. Currently there is an additional annual charge of \$10.00 if members wish to have correspondence mailed to their address.*

Have you ever received formal first aid training? (circle)      Yes              No  
Is your first aid training still current? (circle)              Yes              No

**Emergency Contact:** (For use in emergency situations only)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_

Health Conditions of which leaders should be aware of (e.g., Diabetes, Heart Condition). Please refer to the Club Secretary if unsure of what should be included here.

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I, the abovenamed applicant, wish to become a full member of the Essendon Bushwalking Club Incorporated. Upon approval of my membership as a member of the Essendon Bushwalking Club Inc. (EBWC), I agree to this release of claims, waiver of liability and assumption of risk. I waive any claims I may now and, in the future, have against and release from liability and agree not to sue the EBWC, its Committee and leaders for any personal injury, death, property damage, or loss sustained by me as a result of my participation of any EBWC event, due to any cause whatsoever, including without limitation, negligence on part of the EBWC or its leaders. I agree to be bound by the rules of the Club for the time being in force.

PTO

In support of this application, I submit details of walks I have participated in as follows: -

**Membership Requirements**

1. Complete to the satisfaction of the Committee two club program day events, each of qualifying standard, or one Club program multi-day event. All Club walks shall be qualifying, except those marked non-qualifying (NQE) on the program.
2. Pay the prescribed membership fee.
3. Be over the age of eighteen (18) years.

Date Attended	Day or Weekend	Location	Leaders Name	Leaders Signature

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Proposer and Seconder Details**

I, \_\_\_\_\_ being a member of the club of at least six months standing, nominate the applicant, who is personally know to me for membership of this club.

\_\_\_\_\_  
Signature of Proposer:

\_\_\_\_\_  
Date

I, \_\_\_\_\_, being a member of the club of at least six months standing, nominate the applicant, who is personally known to me, for membership of this club.

\_\_\_\_\_  
Signature of Seconder:

\_\_\_\_\_  
Date

<b>Office Use Only</b>			
<b>Application Approved by Committee</b>	Date Fees Paid (Treasurer)	Date entered into records (Membership Secretary)	Date application filed in club records (Secretary)

Essendon Bushwalking Club Inc., PO Box 32 Moonee Ponds, Vic. 3039.  
Bank Details: Essendon Bushwalking Club  
BSB: 083 437  
Account: 177923003  
(Please enter your NAME as reference)

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A0005559B**

## Acknowledgement of Risk & Obligations of Members

This acknowledgement of risks applies to all club activities I may undertake as a member of the Essendon Bushwalking Club. In voluntarily participating in activities of the Club which are described to me by the activity leaders I am aware that my participation in the activities may expose me to hazards and risks that could lead to injury, illness, or death or to loss of or damage to my property. I also acknowledge that I may encounter weather conditions that could lead to hypothermia and being in locations where evacuation for medical treatment may take hours or days. In particular, when participating in abseiling or above the snowline activities I am aware that these activities could expose me to additional hazards and risks described to me by the activity leader.

To minimise risks, I will endeavour to ensure that:

- Each activity is within my capabilities,
- I am carrying food, water, medication, and equipment appropriate for the activity.
- 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.
- I will carry the Emergency Information Form detailing any critical medical information and contact details of person(s) who can act on my behalf.
- I will make every effort to remain with the rest of the party during the activity.
- I will advise the leader of any concerns I am having, and
- I will comply with all reasonable instructions of club officers and the activity leader.

I have read and understand the above requirements. I have considered the risks before choosing to sign this acknowledgement of risk. I still wish to join the activities of the Club. I acknowledge that I will take responsibility for my own actions and that signing this form and the payment of my subscription will be deemed as full acceptance and understanding of the above conditions.

Name: .....

Signature: ..... Date: ...../...../.....

\* To be completed by prospective members with their Application for Membership.