

Illawarra Ramblers Inc.

Membership Application

Use one form per member and complete all sections in full Persons under 18 not eligible

| First Name: | Last Na | me: | ······································ |
|--|---|--|---|
| Postal Address: | | | |
| City: | State: | Postcode: | |
| Phone: | Email*: | | |
| *Email address required for all members. | | | |
| | Full Fe | e | Senior/Pensioner Concession Fee |
| Please Circle: Onl | ine \$ 40 | | \$ 35 |
| Amount Paid: \$ _ | | | |
| NOTE: Allow 1-2 weeks to process Cash payments will not be accepted Memberships are for 12 months | | | |
| If joining for the first time: Where did you find out about Word of Mouth Intern | us? (√) et Search/Website | Shop window or Commu board/Disp | |
| Year of birth? (√) 1980 - 1996 | 65 - 1979 | 1955 - 1964 | 1954 or earlier |
| Send this form with your cheque to: The Membership Secretary, Illawarra Ramblers Inc., P.O. Box 256 Fairy Meadow, NSW 2519. Acknowledgement of Risks and Obligations: | | | |
| In voluntarily participating in injury, illness and death, and Include but are not limited to rocks, falling rocks, exposure drownings, collisions, steppin navigation errors and become To minimise these risks I will. observe the Grading a (walks, bike rides, page inform myself of the nesure my equipment arry food, water, meet advise the leader of a may require urgent at make every effort to readvise the leader of a divise the lead | any activity of the Illam loss of or damage to me hyperthermia, hypothem, snake bite, bee stinging into unseen holes, and lost. I and Guidelines as outlined deles) which I have real ature of the activity and its adequate as per the dication, and clothing any physical or other limitention during the activity | ny property. Typical risks rmia, slipping on loose of and other insect attacks and other insect attacks accidents during vehicle to the did; densure that it is within reading and Guidelines appropriate for the activity initation, or any depender ity; he party during the activity ing; | s may or icy surfaces, slipping on s, dog attacks, burns, ravel to activities, for specific activities my capabilities; s; y; nce on medication, that |
| I understand these risks and requirements. | | | |
| Print Name: | Sign | ature: | Date: |

Illawarra Ramblers Inc September 2024