



Illawarra Ramblers Inc.

Membership Application

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

First Name: _____ Last Name: _____

Postal Address: _____

City: _____ State: _____ Postcode: _____

Phone: _____ Email*: _____

*Email address required for all members, i.e. whether online or printed Newsletter selected.

		Full Fee	Concession Fee **
Please Circle:	Online	\$ 40	\$ 35
	Printed	\$ 60	\$ 55

** Senior/Pensioner Card No. Required: _____

Amount Paid: \$ _____

NOTE: Allow 2-3 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 us? (✓)

Newspaper Website Shop window or Community board Word of Mouth

Send this form with your cheque to:
The Membership Secretary, Illawarra Ramblers Inc., P.O. Box 6112, Wollongong 2500.

LEGAL DECLARATION - Please read, sign and date below

In voluntarily participating in any activity of the Illawarra Ramblers Inc., I am aware that this may expose me to hazards and risks that could lead to injury, illness or death or to loss of or damage to my property. These hazards and risks may include but are not limited to:

Slippery and/or uneven surfaces, rocks being dislodged, falling at edges of cliffs and elsewhere, risks associated with crossing creeks, cycling on busy roads, weather conditions that could lead to hypothermia or heat exhaustion and being in remote locations where evacuation for medical treatment may take hours or days.

To minimise these risks I will endeavour to ensure that:

- Each activity is within my capabilities
- I am carrying food, water and equipment appropriate for the activity
- I will advise the activity leader if I am taking any medication or have any physical or other limitations that might affect my participation in the activity
- 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
- I will comply with all reasonable instructions of 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 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.

Print Name: _____ Signature: _____ Date: _____