



# 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.

### Acknowledgement of Risks and Obligations:

In voluntarily participating in any activity of the Illawarra Ramblers Inc, I am aware that I am risking injury, illness and death, and loss of or damage to my property. Typical risks may include but are not limited to hyperthermia, hypothermia, slipping on loose or icy surfaces, slipping on rocks, falling rocks, exposure, snake bite, bee stings and other insect attacks, burns, drownings, stepping into unseen holes, accidents during vehicle travel to activities, navigation errors and becoming lost.

To minimise these risks I will:

- inform myself of the nature of the activity and ensure that it is within my capabilities;
- carry food, water, medication, clothing and equipment appropriate for the activity;
- advise the leader of any physical or other limitation, or any dependence on medication, that may require urgent attention during the activity;
- make every effort to remain with the rest of the party during the activity;
- advise the leader of any concerns I am having;
- comply with all reasonable instructions of the leader.

I understand these risks and requirements.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_