



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 | Senior/Pensioner Concession Fee |
|----------------|----------|----------|------------------------------------|
| Please Circle: | Online | \$ 40 | \$ 35 |
| | Printed | \$ 60 | \$ 55 |
| 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 us? (✓)

Word of Mouth ☐ Internet Search/Website ☐ Shop window or Community board/Display ☐ Facebook ☐

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 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, dog attacks, burns, drownings, collisions, stepping into unseen holes, accidents during vehicle travel to activities, navigation errors and becoming lost.

To minimise these risks I will:

- observe the Grading and Guidelines as outlined on the Club website for specific activities (walks, bike rides, paddles) which I have read;
- inform myself of the nature of the activity and ensure that it is within my capabilities;
- ensure my equipment is adequate as per the Grading and Guidelines;
- carry food, water, medication, and clothing 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: _____