



**WA Wanderers Mens Bushwalking Incorporated**

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Mobile: 0415 249 265

Incorporation Registration Number: A1016418W

**Form 1 – Annual Membership Application/Renewal & Acknowledgment of Risk Form**

**Acknowledgement of Risks and Obligations of Members**

This acknowledgement of risks applies to all club activities I may undertake as a member of  
**WA Wanderers Men's Bushwalking Incorporated**

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. I also declare that I am at least 18 years of age.

To minimise risks I will endeavour to ensure that:

1. Each activity is within my capabilities.
2. I am carrying food, water and equipment appropriate for the activity.
3. 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.
4. I will make every effort to remain with the rest of the party during the activity.
5. I will advise the leader of any concerns I am having, and
6. 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.

Signature: \_\_\_\_\_

Date:      /      /     

Surname: _____	First Name: _____
Street Address: _____	
Suburb: _____	Postal Code: _____
Email Address: _____	Date of Birth: <u>    </u> / <u>    </u> / <u>    </u>
Tel. Mobile: _____	Tel. Home: _____

**Privacy Policy:**

The information that you have disclosed on this form is used for administration of the club. This can include sending information about upcoming events and other club business. You can request to have your information deleted at any time, but that will cancel your membership.

**WA Wanderers Banking Details:**

Club's banking details are **WESTPAC BSB: 036-067 A/C #: 494169**. Use your full name as a reference and give your completed membership form to the club secretary. Your signed form and payment are both required for membership. No responsibility will be taken by the Club for funds deposited that aren't identifiable.

**For office use only:**

Membership Period	Full Year Jan to Dec		Half Year Jul to Dec		Payment Type	Receipt No.	Date
<b>Membership Fee Amount</b>	<input type="checkbox"/>	<b>\$20</b>	<input type="checkbox"/>	<b>\$10</b>	Cash / Deposit		<u>    </u> / <u>    </u> / <u>    </u>