



The Launceston Walking Club Inc.
 PO Box 273, Launceston, Tasmania, 7250
APPLICATION FOR MEMBERSHIP 2017-2018

PERSONAL DETAILS

Names (list individuals).....

 Date(s) of Birth.....
 Postal Address
State.....Postcode.....
 Phone No: Home.....Mobile.....
 Email Address.....
 Emergency Contact: Name.....Contact Number.....

MEMBERSHIP CATEGORY

	CATEGORY		LEVY
Annual Subscription:	<input type="checkbox"/> Individual		\$50
(Tick appropriate)	<input type="checkbox"/> Couple/family membership		\$66
	<input type="checkbox"/> Individual senior concession (holder of concession or health care card)		\$40
	<input type="checkbox"/> Individual under 18 years of age		\$29
	<input type="checkbox"/> Full-time student over 18 years of age		\$29
	<input type="checkbox"/> Associate (non-walking) member		\$29
<input type="checkbox"/>	I wish to receive my <i>Langana</i> magazine as a printed hard copy (non-life members add \$20 to levy)	
	Total enclosed or transferred to club bank account*		\$ _____
<input type="checkbox"/>	I object to my personal details being available to all LWC members		
<input type="checkbox"/>	I object to my image being published in <i>Langana</i> , shown at club meetings or included in <i>Do You Know Tasmania</i>		

MEMBERSHIP DECLARATION

I voluntarily participate with Launceston Walking Club, aware that this may expose me to risk of injury, illness, death or loss of or damage to my property. I accept that coordinators are untrained volunteers who expect I will be self-reliant. I accept full responsibility for ensuring my own well-being and will cooperate with others to ensure I do not put anyone at increased risk. Risks may include but are not limited to slippery, loose and/or uneven surfaces; rocks being dislodged; falling; pushing through scrub; mud; foul weather, snow, ice & strong wind; risks associated with crossing creeks & rivers; hypothermia & heat exhaustion; bites; equipment failures; hunger; thirst; being lost or other delays and poor or no communication. I am aware that risks may not be fully described, and accept that there may be no first aid available on club trips. I will obtain my own personal accident insurance cover, if I desire it.

- To minimise these risks I will endeavour to ensure:
- that I am carrying appropriate food, water, clothing, footwear and equipment.
 - that I only participate within my capabilities.
 - I will advise the coordinator of any relevant medication, physical or other limitations that might affect my participation in any activity. I am aware that trip coordinators are volunteers only and may have no first aid expertise.
 - I will make every effort to remain with the party during any activity and accept a consensus of the party or instruction from the coordinator of the activity.

I have read or heard and understand the requirements, I have considered the risks before choosing to sign this waiver. I still wish to participate in the activities of Launceston Walking Club. I agree by signing this form to waive any claim for damage, loss, injury or death arising from any club activity that I, my executors and assigns may have against the club, the coordinator or other participants in tort or contract.

Signed:ON..... (DATE) *(All adults named above must sign)*
(PRINT NAME/S)

I am **not** under 18 years old. (Tick if appropriate – if no adults on this membership, get one of your parents, or your guardian, to sign the Membership under 18 years old section below)

PARENT/GUARDIAN DECLARATION (for all members under 18 years old)

I am the parent/guardian of(name of child/children)
 whose date/s of birth is/are

I have read all the above, acknowledge and accept the membership waiver on behalf of the named child and consent to the above named child, participating in the activities of the Launceston Walking Club and will ensure trips are within their capability, they are appropriately prepared and will obey the directions given by the coordinator or the responsible person. I will advise the coordinator of any relevant medication, physical or other limitations that might affect the child's participation in any activity.

Signed:(PARENT/GUARDIAN)(PRINT NAME)



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NEW MEMBER PROPOSAL

We propose the above candidate/s for membership. From our personal knowledge we declare that their election to the membership will be in the best interest of the club in the furtherance of its objectives.

Candidate/s: _____

Proposed by: _____
(Trip Coordinator) (Signature) (Date) (Name in block letters)

Seconded by: _____
(Financial Member) (Signature) (Date) (Name in block letters)

***All new and existing members are encouraged to pay their membership by direct deposit with their name as the reference.**

Bank account details are:
Bendigo Bank
BSB: 633-000
Account Number: 146518931

EXECUTIVE USE ONLY:

Tick when issued: Langana
 Information sheet
 Bushwalking trip planner

Receipt number
Card number(s)
Date
Executive approval date