

Membership Form

Personal Details

Name

Name of family members (for family membership)

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Residential Address

Postal Address

Phone Home Work

Age (if under 18)

Email address

First emergency contact

Second emergency contact

Membership Category

Individual \$20 Family (list family members above) \$20

I acknowledge, accept and agree that:

1. By participating in club activities I may be exposed to risks that could lead to injury, illness, death or loss or damage to my property;
2. To minimise those risks I will endeavour to ensure that any club activity in which I participate is within my capabilities and that I will carry food, water and equipment appropriate for it;
3. I will advise the activity leader before leaving on the activity if I am taking any medication or have any physical or other limitation that might affect my safe participation in that activity;
4. I will make every effort to remain with the rest of the party during the activity;
5. Activity leaders are volunteers only and may have no first aid expertise;
6. I release the club, its officers, activity leaders and members from any legal liability for any injury to myself or any person associated with me (including death and injury to and loss of property) whether that is caused by negligence or otherwise of any one or more of them;
7. I will abide by the rules of the club;
8. I have received a copy of the Member Guidelines.

Details of existing medication or disability that could be of concern on a NETFNCI activity

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Signature (applicant 1) Date

Signature (applicant 2) Date

Signature (applicant 3) Date

(if under 18 to be signed by a responsible adult on behalf of the applicant as well)