



BUSHWALKERS OF SOUTHERN QUEENSLAND INC.

Application Form for Annual Renewal of Membership

PART ONE: Members to complete and return to the Treasurer, along with the annual membership fee, within two months of the Annual General Meeting.

(BLOCK LETTERS PLEASE)

First Name		
Surname		
Home Address:		Postcode:
Postal Address:		Postcode:
(If your postal address is the same as your home address, please write 'As above'.)		
Phone:	Home: Mobile:	Work: (optional)
Email Address		

In the event of unforeseen circumstances (e.g. trip delays), please contact:

Name:		Address:
Phone	Home: Mobile	Work: (optional)

Privacy: Please circle address, phone or email if you do not want them included in any list provided to all club members.

Acknowledgement of Risk

I acknowledge that when I am participating in any activity of the Bushwalkers of Southern Queensland Inc I am doing so as a volunteer in all aspects and as such I accept all responsibility for loss of property or bodily injury to me, however it may occur.

I acknowledge that my participation in this activity may expose me to hazards and risks that could lead to injury, illness or death or to loss of or damage to my property. In particular when participating in abseiling or above the snowline activities I am aware that I may be exposed to additional hazards and risks.

I will make all reasonable effort to avoid or minimise these risks by; only participating in activities within my capabilities, carrying food, water and equipment appropriate for the activity, and advising the leader if I am taking any medication or have any physical or other limitation that might affect my participation in the activity.

I acknowledge that the payment of my renewal subscription will be deemed as full acceptance and understanding of the above.

Date:	Signature:
Fee Paid: \$	Date Paid:

PART TWO: Membership Fees for 2016-17:

Single \$35.00

Direct Deposit Available: Bank Commonwealth
 BSB 06 4002
 Acc No 00901927
 Acc Name Bushwalkers of Southern Queensland Inc or BOSQ
 Reference Surname and Initials

PART THREE: Communications and Newsletter Options

Please nominate the preferred options:	Yes	No
1. Receive email communications (including copy of Footnotes)		
2. Receive a printed copy of Footnotes		
3. Receive copy of Footnotes by email ONLY (no printed copy)		

For e-comm, please ensure you have provided your e-mail address on the previous page.

PART FOUR: Walk Preference Survey:

Please indicate what types of walks you would like on the outings programme (tick as many as you want):

1. Track walks _____
2. Off-track walks _____
3. Daywalks _____
4. Basecamps _____
5. Throughwalks _____
6. Canoe _____
7. Bike Rides _____
8. Social Events _____

PART FIVE: (Office use only)

Record of completed actions	Officer Responsible	Date
1. Payment received and receipted. Form given to the Database Manager (for record of club members and dispatch of Footnotes.)	Treasurer	
2. Records updated. Arrangements made for Newsletter Dispatcher to send Footnotes. Form returned to Secretary.	Database Manager	
3. Form placed on file.	Secretary	