



REDLAND BUSHWALKERS Inc.

P.O. Box 101
Cleveland QLD 4163

Dated: 24th March 2025

MEMBERSHIP RENEWAL APPLICATION

SURNAME

FIRST NAME

1. As a condition of membership you must confirm that you have read and understand the AOR, agree to abide by the Club's Code of Conduct, and pay the Membership Fee.
2. Update your contact and your emergency contact details **only** if they have changed.
3. Sign*, date and return the completed form to redlandbushwalkersinc@gmail.com by the 31st January each year. Alternatively, bring the form to the January Club meeting or post it to the above address.

*Typing your name in the signature field is acceptable if you email the form to the club email from your personal email address that the Club has on file.

ACKNOWLEDGEMENT OF RISKS AND OBLIGATIONS OF MEMBERS

This acknowledgement of risks (AOR) applies to all club activities I may undertake as a member of Redland Bushwalkers Inc.(The Club). 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. In particular, when participating in abseiling or above the snowline activities I am aware that these activities could expose me to additional hazards and risks described to me by the activity leader. To minimise risks I will endeavour to ensure that:

1. Each activity is within my capabilities,
2. I am carrying food, water, medication, 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 wear a PFD (Personal Floatation Device) when participating in SUP and/or Kayaking activities
6. I will advise the leader of any concerns I am having, and
7. 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 any required subscription will be deemed as full acceptance and understanding of the above conditions.

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|---|-----|----|
| 1. I have read and understand the requirements of the AOR: | YES | NO |
| 2. I have been advised of the Clubs Personal Accident and Public Liability Insurance policies provided by Bushwalking Australia*: | YES | NO |
| 3. I have read and agree to abide by the Club's Code of Conduct**: | YES | NO |

*Details available at the following website <http://www.bushwalkingaustralia.org/insurance>

**Details available at the following website <https://redlandbushwalkers.org.au/club-documents>

SIGNATURE

DATE

MEMBERSHIP FEE:

The membership fee is \$40 and is due on or before 31st January each year.

METHOD OF PAYMENT: Electronic Funds Transfer preferred - the Clubs Westpac
Bank account details are provided below:

BSB ACCOUNT	034-070
NO. ACCOUNT	220127
NAME	REDLAND BUSHWALKERS
REFERENCE	[Your Name] MEM [Year]

NOTE: *The reference field is limited to 17 characters by some banks. Any extra characters may not appear in the bank statement resulting in your payment being undecipherable. If you have a long name then use your first initial and surname, or just your surname if necessary. Example: John Smithfield **[Your Name]** paid his annual membership fee **[MEM]** for year **[current year]** would have to be entered as **SMITHFIELDMEM2021** if there is a 17 character limit imposed by your bank.*

UPDATE CONTACT DETAILS (Only if they have changed)

STREET ADDRESS

SUBURB

STATE

POST CODE

HOME NUMBER

MOBILE NUMBER

EMAIL ADDRESS

EMERGENCY CONTACT DETAILS (Only if they have changed)

SURNAME

FIRST NAME

RELATIONSHIP

HOME NUMBER

MOBILE NUMBER

OFFICE USE: Completed forms to be returned to:

Date

Cash

EFT

CHQ

Treasurer - to record payment.

Secretary - to record AOR signed and archive.

Email

Paper