

CAVERS LEEUWIN Incorporated

Membership Form 2015

MEMBERSHIP TYPE	FEE	ADDITIONAL NOTES/CLARIFICATIONS
<input type="checkbox"/> Family membership	\$157	<ul style="list-style-type: none"> A couple and any children under 21 living in the same home. Membership fee reduced by half if joining 6+ months into financial year.
<input type="checkbox"/> Single membership	\$88	<ul style="list-style-type: none"> Membership fee reduced by half if joining 6+ months into financial year.
<input type="checkbox"/> Introductory membership	\$40	<ul style="list-style-type: none"> For new members only (per person). Membership term is 12 months.
<input type="checkbox"/> Family single parent	\$105	
<input type="checkbox"/> Student, pensioner, unemployed or retired	\$69	<ul style="list-style-type: none"> Per person.
<input type="checkbox"/>		•
<input type="checkbox"/>		•

Details of all persons covered by this membership:

	Surname	First Name	Occupation	Date of Birth
1				
2				
3				
4				
5				
6				

Postal Address:		Suburb:		Postcode:	
Residential Address:		Suburb:		Postcode:	
Telephone: Home:		Tel: Work:		Fax:	
Email:		Mobile:			

If you would like to have any of your personal details suppressed please speak directly to the Secretary. You must sign the acknowledgement and indemnity on the last page for your membership to be accepted.

<p>Please submit this form and fees to: <i>The Treasurer, Cavers Leeuwin Inc.</i> <i>PO Box 1192 Margaret River 6285</i></p> <p>Please make cheques payable to Cavers Leeuwin Inc. Funds Transfer details: Acc Name: Cavers Leeuwin BSB: 633000 Acc no.: 127661742 (Please send an email with your receipt details to the treasurer)</p>

OFFICE USE ONLY

<input type="checkbox"/> Form checked/Payment recorded	<input type="checkbox"/> Receipt issued	<input type="checkbox"/> ASF database updated
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Declaration and Consent

1. I acknowledge that caving, rock climbing and their associated activities are very dangerous and risky activities and that my participation in caving, rock climbing and other activities associated with Cavers Leeuwin Inc may result in my serious injury or death.
2. Whilst undertaking activities with Cavers Leeuwin Inc I agree to follow the instructions of the trip leader or other person in charge and agree to exercise all possible care to ensure the safety of myself and others on the activity.
3. I acknowledge that it is my responsibility prior to the commencement of any activities, to notify the trip leader of any medical conditions, allergies, etc. to which I may be subject as well as any prescription or recreational drugs which I am taking or which may be active in my body.
4. I acknowledge that Cavers Leeuwin Inc (whether by itself, individual members, employees, agents or contractors), shall not be liable for:
 - any loss, damage or injury suffered or occasioned by me as a consequence of my participation in caving, rock climbing and other activities associated with Cavers Leeuwin Inc and/or
 - any loss, damage or injury suffered or occasioned by me through the use of any facilities, equipment or programs provided, in caving, rock climbing and other activities associated with Cavers Leeuwin Inc.
5. I acknowledge that I shall be participating in caving, rock climbing and other associated activities at my own risk and I will not hold Cavers Leeuwin Inc or its officers or members, employees, agents or contractors liable for any personal injury or loss of property whether caused by the negligence of Cavers Leeuwin Inc its officers, members, employees, agents or contractors.
6. I acknowledge that there is no term expressed or implied in any contractual relationship between the Cavers Leeuwin Inc and myself, that caving, rock climbing and associated activities, or any equipment provided for my use in the activities of caving and rock climbing and associated activities will be safe for use by me.
7. In the event of an accident or illness (real or apparent), I hereby authorise the trip leader, or other person in charge at that time, to obtain such medical assistance or treatment as he or she may consider necessary in his/her sole discretion. For this purpose, the person in charge may engage any doctors, nursing assistance, hospital accommodation or transportation as required and, in this event, I agree to promptly pay all fees and expenses incurred as a result of my accident or illness (real or apparent).

Signing clause: This operates as a full release to Cavers Leeuwin Inc. Executed as a deed on:

Signed :	Date:
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MEMBER’S CAVING DETAILS (For New Members and Trip Leaders only).

New Members:

Please indicate below what caving experience you have and Trip Leaders you have caved with.

Trip Leaders:

In accordance with the club by laws you need to have a current First Aid Certificate. Please indicate below the date and area of open trips undertaken and/or list other works or projects you have conducted in the past year which have contributed to overall club objectives.

First Aid Certificate No	Expiry Date
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Dates	Trip Leader	Details of Caves / Area visited / Projects / Training / etc.

Please attach additional pages if there is insufficient space.