

# MEMBERSHIP FORM

## SHEPPARTON ADVENTURE CLUB Inc. A0002076S

**Membership Fees for the 2021/22 year** are due on 1<sup>st</sup> JULY 2021

Please return this form with your payment to:

The Treasurer, Shepparton Adventure Club Inc. 11 Nillahcootie Cres, Kialla. Vic 3631

or email: [scottb@agsystems.com.au](mailto:scottb@agsystems.com.au)

Please list name of each person and circle their age group (Insurance underwriting categories)

<b>Name</b> _____	U16	16-17	18-34	35-54	55-94	95+
<b>Name</b> _____	U16	16-17	18-34	35-54	55-94	95+
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**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Phone:** BH \_\_\_\_\_ AH \_\_\_\_\_

**Mobile** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

<b>Single Club Membership</b>	<b>\$35</b>	_____
<b>Family Club Membership</b>	<b>\$60</b>	_____
<b>Concession (Single Membership)*</b>	<b>\$30</b>	_____
<b>Concession (Family Membership)*</b>	<b>\$45</b>	_____
*Concession applies to Pensioner/Senior/Student Cardholders		
<b>TOTAL \$</b>		_____

**Payment options (*please circle*):**

1. Mail cheque or Money Order to  
11 Nillahcootie Cres, Kialla Vic 3631
2. Direct deposit to Bendigo Bank  
BSB 633 000  
Account No. 129 076 972

***Please add your name as the reference and post the signed membership renewal form back.***

**ACKNOWLEDGEMENT OF RISK - ALL Adults must sign**

I acknowledge that when I am participating in any activity of the Shepparton Adventure Club 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, caving or above the snowline activities I am aware that these activities expose me 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.

I agree to be bound by the rules of the Shepparton Adventure Club Inc. (which are available from the secretary).

**Signed** ..... **Date** .....

**Signed** ..... **Date** .....