

## Ben Cruachan Walking Club Inc.

## DUAL MEMBERSHIP RENEWAL 2023/2024

l am a Currei	nt Member of	BWV Affiliated Club	
Name:			
Address:			
Email:			
Telephone:		Date:	
Membershi	р Туре:	Single \$20 or Family \$30	(Please circle)
Payment:	t: By cheque or money order with this form to PO Box 70 Maffra 3860 Or direct deposit to BSB 013713 Acct 278934713, with your <i>Name</i> as reference and post or email this form to secbcwc@gmail.com		
Acknowle	dgement o	f Risks & Obligations*	
may expose to my prope	me to hazard erty. I also ac	s and risks that could lead to injury, il knowledge that I may encounter v	Club, I am aware that my participation Iness or death, or to loss of or damage veather conditions that could lead to ical treatment may take hours or days.
1. ei 2. ca 3. ad lir 4. l v 5. l v	arry food, wat dvise the acti nitation that n will make eve will advise the	ensure that each activity is within my er and equipment appropriate for th	e activity. cation or have any physical or other ctivity. e party during the activity. g.
sign this Ack for my own	nowledgemer actions and	nt of Risk. I still wish to join the activit	onsidered the risks before choosing to ies of the Club. I will take responsibility be deemed as full acceptance and
Name:		Age: Signat	ure:
Name:		Age: Signat	ure:
Name:		Age: Signat	ture:

\*For insurance cover, every 12 months all members must give their age and sign, including partners and children for a Family Membership. Parent/Guardian should sign for children.

Name: ...... Age: ...... Signature: ......

**PHOTOGRAPHS:** It is quite common for photographs of walkers to be taken and possibly published later in the club Newsletter, Facebook page and website or in newspaper publicity. If you do not wish to have your photograph taken, you should advise the photographer(s). If a group photograph is being taken, you can choose not to be there for the photograph.