

## Ben Cruachan Walking Club Inc.

## **DUAL MEMBERSHIP RENEWAL**

I am a Curre	ent Membe	r of BWV Affiliated Club	
Name:			
Address:			
Email:			
Telephone:		Date:	
Membership	о Туре:	Single \$20 or Family \$30	(Please circle)
Payment:	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 memsecbcwc@gmail.com		
Acknowle	dgement	of Risks & Obligations*	
hazards and I acknowledg	risks that c ge that I ma	ould lead to injury, illness or death	uachan Walking Club may expose me to , or to loss of or damage to my property. It could lead to hypothermia and being in the hours or days.
2. ca 3. ad lin 4. m 5. ad	ndeavour to arry food, w dvise the ad nitation that ake every e dvise the lea	ensure that each activity is within ater and equipment appropriate for	the activity. edication or have any physical or other e activity. party during the activity.
sign this Acki	nowledgem actions an	ent of Risk. I still wish to join the act	e considered the risks before choosing to ivities of the Club. I will take responsibility will be deemed as full acceptance and
Name:		Age: Sig	nature:
Name:		Age: Sig	nature:
Name:		Age: Sig	nature:

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

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