

Application for Membership

Please complete all details and sign.



Action Outdoors Association
Membership Secretary
PO Box 285, Nedlands WA 6909

Membership of Action Outdoors Association is available to all persons over the age of 18 years who support the constitutional aims of the Association and agree to abide by its rules and regulations. Membership fees are set out below with the membership year being from 1 July to June 30 the following year. A full membership paid from April to June will rollover (ie: remain valid) into the following membership year. Refer to the details below for the amount payable.

Given Names:		Surname:	Membership No:
Address:		Postcode:	
Telephone Home:	Work:	Mobile:	
Email:		Male / Female	
Date of Birth / /	Occupation:		

Emergency Contact (local if possible) – this information is essential!		
Contact Name:	Phone 1:	Phone 2:
Address:	Relationship:	

Renewals

Current Members before 31 July \$40.00

New Members

Half Year: 1st January – 30th June \$30.00

Full Year: 1st July – 30th June \$45.00

1st April – 30th June (of next year ie: 15 mths) \$45.00

Note: membership is subject to acceptance by the Committee at the monthly Committee Meeting. Once the form and joining fee are lodged & paid you are considered a Provisional Member until your application is accepted by the Committee. This allows you to participate in club activities and pay the member trip fees. Application processing time varies but please allow up to 6 weeks for processing.

Acknowledgement

AOA activities are designed and coordinated by volunteers, for responsible adults only. I acknowledge that when participating in an AOA activity, I am doing so as a volunteer in all aspects of the activity; and that participation may expose me to hazards and risks that could lead to injury, illness or death or to loss of or damage to my property. As such I accept all responsibility for loss of property or bodily injury to myself, however it may occur. I will make all reasonable effort to avoid or minimise these risks, and will only participate in activities within my medical and physical capabilities and skills; carry appropriate food, water, 1st aid & equipment; and will accept all reasonable instructions of the Trip Coordinator. In participating, I will not rely on the skills, expertise or experience of the Trip Coordinator, AOA or any other persons.

I have read this form and to the best of my knowledge and belief have filled it out correctly. I acknowledge that the payment of my renewal subscription will be deemed as full acceptance and understanding of the conditions above.

Applicants Signature:

Date: / /

Payment

Funds transfer to BSB: 036009 **Cash** (Receipt No.) _____ **Cheque** Date / /
Account: 163847

Narration: Initials & Surname plus existing membership number if available.

Membership No. **Date Entered:** / /