North Eastern Tasmania Field Naturalists Club Inc. (NETFNCI)
MEMBERSHIP FORM

Name .....

Name of family members
[if joining]……

Residential Address .....

Postal Address .....

Phone..... .....

Email address .....

Emergency contact .....

Membership Category Individual $20 ☐ Family [list family members] $30 ☐

Paying electronically: Bsb: 633 000 A/c: 128381860. **State name as record on transaction and send copy of this form to secretary** louise.brooker49@gmail.com

Or by cash at a F.N. outing.

Details of existing medication or disability that could be of concern on a NETFNCI activity

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I acknowledge, accept and agree that:

1. By participating in club activities I may be exposed to risks that could lead to injury, illness, death or loss or damage to my property;
2. To minimise those risks I will endeavour to ensure that any club activity in which I participate is within my capabilities and that I will carry food, water and equipment appropriate for it;
3. I will advise the activity leader before leaving on the activity if I am taking any medication or have any physical or other limitation that might affect my safe participation in that activity;
4. I will make every effort to remain with the rest of the party during the activity;
5. Activity leaders are volunteers only and may have no first aid expertise;
6. I release the club, its officers, activity leaders and members from any legal liability for any injury to myself or any person associated with me (including death and injury to and loss of property) whether that is caused by negligence or otherwise of any one or more of them.

Signature (applicant 1) ..... Date .....

Signature (applicant 2) .....Date .....