OVER 55 WALKING ASSOCIATION INC

ABN 89 024 968 604

www.over55walkingassociation.org.au

OFFWA

MEMBERSHIP APPLICATION

People interested in taking part in our walks are most welcome, however you are urged to obtain a clearance from your Doctor.

ALL participants undertaking walks with the Over 55 Walking Association Inc. do so at their own risk and will not attach any liability to the Association or its agents in the event of any injury, loss or damage

Mr/Mrs/Miss/Ms SURNAME: _____

Given Names: _____

Contact Address: _____

Suburb: _____ **Post Code:** _____

Telephone No.: _____ **Mobile No.:** _____

Email Address: _____

EMERGENCY CONTACT: (It is important that you supply us with the name & phone no. of someone to contact on your behalf should you become incapacitated)

Emergency contact Name: _____

Emergency contact Phone No: _____

MEMBERSHIP BADGE:

Preferred name to show Badge: _____

How did you first hear about the group? Please tick one or more that are relevant

Have a Go News
Have a Go Day
Friend
Radio
Little Aussie Directory
Community Papers

Signature: _____ Date: ____/____/____

OFFICE USE ONLY:

Application Approved by _____

Year of Joining: _____

Entered on Register by: _____ Date: ____/____/____