



2018 Membership Renewal Form

Surname: _____ First Name: _____

Address: _____

Postal Address _____

Date of Birth: _____

Phone: Home: _____ Mobile: _____

Email contact: _____

First Aid Qualification and Expiry date _____

If family membership type, please list names and dates of birth of all covered under this membership on page 2 of this form.

List any medical problems that we should know about and medication required:

Contact details (next of kin and/or someone not on a caving trip with you) in case of emergency or accident

Surname: _____ First Name: _____

Address: _____

Phone: Home _____ Mobile: _____

Working with Children Check no and expiry date: _____

Membership Category – What membership category are you renewing?

Fees for 2018 fees are determined at the April AGM. In 2017 the fees were:

- | | | |
|--|--|--|
| <input type="checkbox"/> Family (\$150/Year) | <input type="checkbox"/> Single (\$90/Year) | <input type="checkbox"/> Pensioner (\$70/Year) |
| <input type="checkbox"/> Retired Family (\$125/Year) | <input type="checkbox"/> Student(\$70/Year) | <input type="checkbox"/> Retired (\$70/Year) |
| <input type="checkbox"/> Single Parent Family (\$112) | <input type="checkbox"/> Active/Non-Active Life Member | |
| <input type="checkbox"/> Member of another ASF club (\$22) | | |

Amount Paid \$ Date Paid: .../.../.... Member's Signature

Trip Leader's Signature Date: .../...../.....

Please make cheques payable to ***Illawarra Speleological Society Inc.***
or Contact the Treasurer to arrange Electronic Funds Transfer.

Family Membership details

	Person 1	Person 2	Person 3	Person 4	Person 5
Name					
Date of Birth					
Email (if different from parent/s)					
Mobile (if different from parent/s)					
First Aid Qualification And expiry date					
Working With Children Check Information					
Medical conditions and medication					