ILLAWARRA SPELEOLOGICAL SOCIETY Inc.

PO Box 94 Unanderra, NSW, 2526

# 2024 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 2022 fees are determined at the April AGM.

* Family **($150/Year)** Single **($90/Year)** Pensioner **($70/Year)**
* Retired Family **($125/Year)** Student**($70/Year)**  Retired **($70/Year)**
* Single Parent Family **($112)** Active/Non-Active Life Member
* Member of another ASF club **($22)**

Amount Paid $ ……. Date Paid: …./…./…. Member’s Signature ………...………..….

Please make cheques payable to ***Illawarra Speleological Society Inc.***

**or Contact the Treasurer if you need Electronic Funds Transfer account information.**

***Version 1, 19th April 2024***

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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 CheckInformation |  |  |  |  |  |
| Medical conditions and medication |  |  |  |  |  |

***Version1 3rd May 2023***