

2025 Membership Renewal Form

	ame:			First Name:		
				Name.		
∖ddr	ess:					
Posta	al Address					
Date	of Birth:					
Phone: Home:				Mobile:		
First and I I f far	l contact: Aid Qualification Expiry date mily membership typ bership on page 2 o			mes and dates of birth	of all co	overed under this
_ist a	ny medical problems	that we sho	uld k	now about and medication	on requir	ed:
Cont accid	•	and/or som	eone	e not on a caving trip with	ı you) in	case of emergency or
0				First		
٠	ame:			Name:		
Addr				Mobile:		
Addr Phor	ess: e: Home ting with Children Che	ck no and e	xpiry	Mobile:		
Work flem ees f	e: Home ing with Children Che bership Category or 2025 fees were def	_– What n	nem	bership category are	-	_
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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					
Check					
Information					
Medical conditions and medication					