



ILLAWARRA SPELEOLOGICAL SOCIETY Inc
APPLICATION FOR MEMBERSHIP

Surname: _____ First Name: _____

Address: _____

Postal Address _____

Date of Birth: _____

Phone: Home: _____ Mobile: _____

Email contact: _____

First Aid Qualification and Expiry date _____

Type of Membership: Single Family Junior
(Please circle) Student Pensioner Temporary

If family membership, please list names and dates of birth of all covered under this membership on the reverse of this page.

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: _____

Other relevant skills or experience such as:

Abseiling, Mountaineering, Canyoning, SRT, Surveying, Camping, Orienteering, Map reading

Declaration:

I hereby apply for membership of the Illawarra Speleological Society Inc (ISS).

I acknowledge that caving can be a hazardous/dangerous activity, and will engage in the activities of the society at my own risk. In the event of any loss, accident, injury and/or death, I agree not to hold the Society, its officers, executive or members in any way liable or responsible. I agree to be bound by the constitution and by-laws of the Illawarra Speleological Society and the Australian Speleological Federation Inc.

Signed _____

Date: _____

Signed by the parent or Care Giver if applicant in under 18 years

Signed _____

Date: _____

Nomination information

Full name of member of ISS, nominating the applicant for membership

Date: _____

Signature of Proposer: _____

Full name of member of ISS, seconding the nomination of the applicant for membership

Date: _____

Signature of Seconder: _____