

WEST AUCKLAND DISTRICT TRAMPING CLUB (Inc.)  
APPLICATION FOR CLUB MEMBERSHIP

I, the undersigned applicant(s), apply for (circle): ORDINARY, MARRIED, FAMILY membership of the West Auckland District Tramping Club: (Married and Family applicants see complete reverse of form)

FULL NAME: Mr/Mrs/Miss/Ms .....

ADDRESS: .....

POSTCODE: ..... EMAIL: .....

OCCUPATION: .....

PHONE: ..... MOBILE: .....

AGE LAST BIRTHDAY: ..... DATE OF BIRTH: ..... MALE/FEMALE

1<sup>ST</sup> TRIP ..... 2<sup>ND</sup> TRIP ..... 3<sup>RD</sup> TRIP .....

PROPOSER: ..... SECONDER: .....

APPROVED DATE: ..... MEMBERSHIP NO: ..... RECEIPT NO: .....

PREVIOUS EXPERIENCE or MEMBERSHIP OF RELATED CLUBS:

CLUB or GROUP	TERM	EXPERIENCE
.....	.....	.....
.....	.....	.....
.....	.....	.....

MEDICAL or PHYSICAL DISABILITIES: (Diabetes, Epilepsy, Allergy or other)

.....  
.....

NATURE and FREQUENCY OF EMERGENCY TREATMENT:

.....  
.....

I have read and understood this document and have completed all sections.  
I agree that, should my application for membership of the West Auckland District Tramping Club be approved, I will observe the Rules and Conditions of Membership and I will conduct myself in a manner that is not prejudicial to the Club's name or standing. I further agree that I indemnify the West Auckland District Tramping Club and its Officers and Members against accident to myself or loss or damage to my equipment. I certify that the above particulars are true and correct.

APPLICANT'S SIGNATURE: ..... DATE: .....

If you do not wish your details to be included on our membership list, please contact the Secretary.

**MARRIED MEMBERSHIP:**

NAME OF WIFE/HUSBAND/PARTNER: .....

AGE: ..... DATE OF BIRTH: .....

EXPERIENCE: .....

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MEDICAL or PHYSICAL DISABILITIES:

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NATURE and FREQUENCY OF EMERGENCY TREATMENT:

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I have read and understood this document and I jointly agree with my wife/husband/partner to the conditions of membership and the indemnity clause printed on Page 1 of this application:

SIGNATURE WIFE/HUSBAND/PARTNER: .....

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**FAMILY MEMBERSHIP:**

NAME OF MOTHER/FATHER: .....

EXPERIENCE: .....

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NAMES OF CHILDREN:

(1) ..... (2) .....

(3) ..... (4) .....

(5) ..... (6) .....

I have read and understood this document and I jointly agree with my wife/husband/partner to the conditions of membership and the indemnity clause printed on Page 1 of this application. I understand that the conditions and membership are extended to cover my/our children.

I further agree that FAMILY MEMBERSHIP applies to either one or both parents and only to the children of those parents who are under 16 years of age.

I agree that I/we will be responsible for the supervision of my/our children on Club trips.

SIGNATURE MOTHER/FATHER: .....