



**The Victorian Mountain Tramping Club
Incorporated A628G**

PO Box 1340 Melbourne VIC 3001
www.vmtc.asn.au



Application for Membership

1. Attend one club walk as a visitor
2. Fill in this Application for Membership
3. Pay \$20 entrance fee for Prospective Membership
4. Attend two more walks within the next six months as a Prospective Member
5. Committee considers application
6. Pay membership fee upon Committee approval.

Full Name

Date of Birth

Residential Address

Phone (tick preferred) Home.....

Mobile.....

Email

Have you completed your walk as a visitor with the VMTC? Yes No

If yes please provide the date and leader's name

How did you find out about the VMTC?

I wish to become a member of the Victorian Mountain Tramping Club Inc. In the event of my qualification as a member, I agree to be bound by the Rules of the Association (see website).

Date Signature.....

Signature of parent/guardian (if applicant is under 18).....

**Either email this signed form to membership@vmtc.asn.au or
post to Victorian Mountain Tramping Club. GPO Box 1340, Melbourne, 3001**

Please pay the \$20 Prospective Membership fee by EFT

BSB: 063 002 Account No: 00910167 Name: Victorian Mountain Tramping Club

Reference: Your surname and initial

ACKNOWLEDGEMENT OF RISKS AND OBLIGATIONS BY MEMBERS

I acknowledge that when I am participating in any activity of the Club I am doing so as a volunteer in all aspects and as such I accept all responsibility for loss of property or bodily injury to me however it may occur. I acknowledge that my participation in any activity of the Club may expose me to hazards and risks that could lead to injury, illness or death or to loss or damage to my property. In particular I am aware that when participating in abseiling, caving or above the snowline activities I may be exposed to additional hazards and risks.

I will make all reasonable effort to avoid or minimise risks by only participating in activities within my capabilities, carrying food, water and equipment appropriate for the activity, and advising the Leader if I am taking any medication or have any physical or other limitation that might affect my participation in the activity. **I acknowledge that the payment of my subscription will be deemed as full acceptance and understanding of the above.**

The VMTC strongly recommends that all members have ambulance insurance.

VMTC sends club communications (including Trampalong) via email.

Your name will be printed in Trampalong.

Your name & contact details will be printed in the membership list which is circulated only to VMTC members to facilitate the organisation of VMTC activities.