



Membership Application

Member Details

Type of Membership Tick One (✓) Ordinary Associate

Surname _____ First Name _____ Preferred Badge Name _____

Address _____

Post Code _____ Home Phone _____ Mobile _____

Email Address _____

Previous Occupation _____ Current Interest _____

Woodcraft Interests / Experience _____

Spouse/Partner Details First Name _____

How did you hear about the club? _____

How do you think you could contribute to the benefit of the club? _____

I accept that this information (name, address, phone number etc) be used by the Bribie and District Woodcrafters for the Bribie and District Woodcrafters use only. These details remain confidential to the club.

I, _____, hereby acknowledge that I have read the by-laws of the Bribie and District Woodcrafters Association Incorporated (the Association) and agree to be bound by same. (See By-laws)

1. The association does have public liability insurance
2. The amount of insurance is \$20 million.
3. I acknowledge receipt of this advice _____

I hereby fully indemnify the association, its executive committee and its members from time to time against any and all claims (including negligence) howsoever arising from my membership in the association.

Dated this _____ day of _____, 20_____

Signature of applicant: _____ D.O.B. (optional) ____/____/____

Witnessed by Member: _____

	<i>Signature</i>	<i>Print Name or Member Number</i>
<u>FEES</u>		<u>Amount Paid</u>
<u>Membership year is from Jan 1 to Dec 31</u> Joining Fee \$10.00 for New Members (includes Badge)		\$ 10.00
Adult 18 yrs. + \$50 or (for New Members only) \$4.50/month or part thereof to Dec 31		\$
Associate \$10 (no pro-rata)		\$

		Total \$
		=====

Office use only	Membership Number	Badge	Receipt No
	Date Joined	Card	

If posting, please address to the Treasurer, Bribie & District Woodcrafters, PO Box 528, Bribie Island, 4507