



Membership Application

Junior (12 to 17 Years)

Member Details

Surname _____ First Name _____

Address _____

Post Code _____ Home Phone: _____ Mobile: _____

Email Address _____ Date of Birth: ____/____/____

Woodcraft Interests / Experience: _____

Parent or Guardian Details: Surname _____ First Name _____

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. I accept that as part of the operations of the Club, a list of members including addresses, telephone numbers together with partners' first name is published from time to time. ***I understand that should I not wish to have these details included in the listing of, the Secretary is to be advised in writing.***

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

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____.

Parent/Guardian Signature: _____

Witnessed by: _____ Signature: _____

<u>FEES</u>	<u>Amount Paid</u>
Membership year is from Jan 1 to Dec 31	
Joining Fee including Name Badge \$5.00	\$5.00
Junior 12 to 17 \$12 or \$1/month or part thereof to Dec 31	\$.....
	Total \$
	=====

Office use only	Membership Number		Receipt No
	Date Joined		

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