



NEW MEMBERSHIP APPLICATION

NAME _____
(Please print)

RESIDENTIAL ADDRESS _____

POST CODE _____ PHONE No _____ MOBILE _____

EMAIL _____ .D.O.B. (Optional) _____

N.O.K./Contact Person _____ Relationship to you _____

Contact Phone No _____ Contact Mobile _____

ASSOCIATION DISCLAIMER

Walking for Pleasure Brisbane Inc program organisers, coordinators and volunteers are in no way responsible for the actions of others, or any accident or incident that may happen on any such activity. You undertake a program's activity/ies at your sole risk and acknowledge and voluntarily accept the level of risk consequent with those activities.

I have read and acknowledge the above disclaimer and agree that all activities are undertaken at my own risk and liability and accept responsibility for my actions

SIGNED _____

DATE _____

The Annual Membership Fee of \$30.00 has been deposited with
Bank of Queensland
Walking for Pleasure Brisbane Inc
BSB 124-057 A/c No 23005257

Mail registration form and bank deposit receipt to:
Walking for Pleasure Brisbane Inc
PO Box 843
SPRINGWOOD QLD 4127