



Membership Application

PO Box 1408
Collingwood, VIC 3066
Australia

<http://www.vicbears.org.au>

New:	<input type="checkbox"/>	Details Update:	<input type="checkbox"/>
Renewal:	<input type="checkbox"/>	Membership Change:	<input type="checkbox"/>
Type of Change (eg: Single to Couple):			

First Member's Details:

First Name: _____ Middle Name: _____ Surname: _____
 Preferred Name: _____ Date Of Birth: ____ / ____ / ____
 Home Ph: (____) _____ - _____ Work Ph: (____) _____ - _____ Mobile: _____ - _____ - _____
 E-mail: _____ @ _____ . _____ . ____ T - Shirt Size: S M L XL XXL XXXL
 Please Circle one of the above.
 Club Volunteer: Are you willing to volunteer to work/support various club events?

Second Member's Details:

First Name: _____ Middle Name: _____ Surname: _____
 Preferred Name: _____ Date Of Birth: ____ / ____ / ____
 Home Ph: (____) _____ - _____ Work Ph: (____) _____ - _____ Mobile: _____ - _____ - _____
 E-mail: _____ @ _____ . _____ . ____ T - Shirt Size: S M L XL XXL XXXL
 Please Circle one of the above.
 Club Volunteer: Are you willing to volunteer to work/support various club events?

Third Member's Details:

First Name: _____ Middle Name: _____ Surname: _____
 Preferred Name: _____ Date Of Birth: ____ / ____ / ____
 Home Ph: (____) _____ - _____ Work Ph: (____) _____ - _____ Mobile: _____ - _____ - _____
 E-mail: _____ @ _____ . _____ . ____ T - Shirt Size: S M L XL XXL XXXL
 Please Circle one of the above.
 Club Volunteer: Are you willing to volunteer to work/support various club events?

Address Details:

Address Line 1: _____
 Address Line 2: _____
 Suburb: _____ State: _____ Post Code: _____
 Country: _____

Newsletter:

Newsletter: Postal: OR
 E-mail
 Please Tick one of the above

Member Privacy

Birth Date: OK to publish
 Do Not publish
 Please Tick one of the above

Photos: OK to publish
 Newsletter Only
 Do Not publish

Please Turn Over



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Membership Type.

VicBears offers several different types of memberships depending on how you wish to receive your Newsletter and whether you are in a relationship and wish to receive only one Newsletter for all the people in that relationship. You can receive your Newsletter either through the normal mail system or via e-mail. To receive the relationship discount all persons involved in that relationship must reside at the same address.

	Single Membership	Couple Membership	Triple Membership
Within Australia	AUD\$25.00	AUD\$30.00	AUD\$35.00
Postal (outside Australia)	AUD\$45.00	AUD\$50.00	AUD\$55.00
E-mail (outside Australia)	AUD\$25.00	AUD\$30.00	AUD\$35.00

Please circle one of the above.

We can accept either a cheque, drawn on Australian bank, or a money order. If you are sending this form through the mail please DO NOT SEND CASH. Payments may be sent to address on the top of the form.

Payment Method.

Cheque: Cheque No.: _____ Drawer: _____

Money Order: Money Order No.: _____

Credit Card: VISA MasterCard Bankcard

Name On Card: _____

Card Number:

Expiry Date: /

Amount: \$ _____ Signature: _____

Declaration.

I understand that while every care will be exercised by those in charge of any Activity, I agree to and do hereby indemnify VicBears, it's officers, members, servants and agents insofar as and to the extent to which the said VicBears, its officers, members, servants and agents are not entitled to be indemnified under any policy of insurance, from and against all actions, suits, damages, claims and demands arising out of any accident, injury, function connected with the said applicant during or as a result of participation in any activity or function connected with the said VicBears or when travelling to and from such an activity or function or arising out of the death of the said applicant during or as a result of participation in any activity or function connected with the said VicBears. I further authorise any officer, member or servant of the said VicBears in the event of such accident, injury or illness to obtain such medical assistance or treatment for the said applicant as he may consider necessary and for this purpose to engage any doctors, nursing assistance or hospital accommodation and in this event I agree to pay the said VicBears on demand all such doctors, nurse and hospital fees and expenses.

Signed: _____ Dated: ___ / ___ / ___

Office Use Only

Date Received:	___ / ___ / ___
Date Processed by Treasurer:	___ / ___ / ___
Date Processed by Secretary:	___ / ___ / ___
Membership Welcome Pack and Card Sent:	___ / ___ / ___