

# Membership Application Form



## Membership Details

Membership	Type	
<input type="checkbox"/> New Membership	<input type="checkbox"/> Single	\$25.00
<input type="checkbox"/> Renewal of Memberships	<input type="checkbox"/> Couple	\$35.00
<input type="checkbox"/> Given Membership Keyring	<input type="checkbox"/> Triple	\$45.00

## Applicant Details

Applicant One	Applicant Two	Applicant Three
First Name:	First Name:	First Name:
Last Name:	Last Name:	Last Name:
Date of Birth:	Date of Birth:	Date of Birth:
Phone Numbers:	Phone Numbers:	Phone Numbers:
Email:	Email:	Email:
<input type="checkbox"/> I am able to volunteer/assist at VicBears events & activities.	<input type="checkbox"/> I am able to volunteer/assist at VicBears events & activities.	<input type="checkbox"/> I am able to volunteer/assist at VicBears events & activities.

## Address Details

Unit No.		Street No.	
Address			
Town/Suburb		State	
		Postcode	

[ OFFICE USE ONLY ]	
<input type="checkbox"/> CASH	Cash payment in person only
<input type="checkbox"/> CHEQUE	Cheque No.
<input type="checkbox"/> MONEY ORDER	Order No.
<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD
Card No. _____	_____
Amount	\$ _____

**Membership Terms & Conditions:** I understand that while every care will be exercised by those in charge of any Activity, I agree to and do hereby indemnify VicBears, its 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.

Signature	
Date	