WESTERN AUSTRALIAN SPELEOLOGICAL GROUP (Inc.)

wasg.org.au

Membership Application Form 2025

Enquiries: treasurer@wasg.org.au
Payment: Preferred method by electronic transfer to

BSB: 086-006

Account Number: 431019547,

Account Name: WESTERN AUSTRALIAN SPELEOLOGICAL GROUP INC If a new member or change in details please email form to treasurer@wasg.org.au. Other

methods: in person to Treasurer or Trip leader on pre-arranged trip.

Mem	bers	hip Type								
\$	100	Single Membership								
	\$80	Single Membership (student / pensioner / unemployed / retired)								
\$	170	Family Membership (for couples and children under 18 living at the same address)								
\$	120									
\$	120	Family Membership (reti	red)							
	\$50	3-month Introductory Membership (for new members only; includes free use of gear for three months)								
	\$40	3-month Introductory Student Membership (as above)								
	\$68	68 Honorary Life Member – actively caving								
	\$49	, ,								
	\$20	Honorary Life Member – inactive (not caving), but wishing to receive ASF Journal								
	\$40	, , , , , , , , , , , , , , , , , , , ,								
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Detail	Name	all persons covered by	this ii	Occupation (all n		OB	mpanied by an ac	M/ship status*		
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Email #1				Email #2						
In Case	of Em	ergency Contact Name & M	obile:							
☐ Plea	ise ma	ake my contact details availa	able to V	VASG / ASF Members		Please	do not publish m	y contact details		
Trip Le	eader	s to complete details o	of First	Aid qualification a	nnuall	y :				
In accor	rdance	e with club by-laws you mu	st hold	a first aid certificate (F	HLTAID(003 Provid	le First Aid or ed	quivalent),		
issued o	during	the previous three years, i	n order	to maintain your Trip	Leader	status.				
Issuing body			Date of issue			Docum	Document number			

NOTE: All adults must sign the acknowledgement and indemnity on the second page for your membership to be accepted. If you have any questions about this please speak to a Committee Member.

New Members to complete:

Please indicate any previous caving experience you have and what organisations/trip leaders you have caved with.

EXPERIENCE LEVEL: Novice New caver Experienced Very experienced

Date Organisation / trip leader Details of caves/area visited, project or training undertaken

Date	Organisation / trip leader	Details of caves/area visited, project or training undertaken
		(Please attach additional pages if there is insufficient space)
eas of ca	ve related expertise you are happy	y to share/wish to learn (eg: palaeontology, hydrology, biology, geology, cave diving)
HARE:		LEARN:

All Adult Members to sign:

DECLARATION AND CONSENT

- 1. I acknowledge that caving and its associated activities are inherently dangerous, and that my participation in caving and other activities with the Western Australian Speleological Group could result in my serious injury or death.
- 2. I acknowledge that I shall be participating in caving and associated activities at my own risk, and that the Western Australian Speleological Group (itself, officers, members or associates) shall not be liable for:
 - any loss, damage or injury suffered or occasioned by me as a consequence of my participation in caving and other activities associated with the Western Australian Speleological Group; and/or
 - any loss, damage or injury suffered or occasioned by me through the use of any facilities, equipment or programs provided, in caving and other activities associated with the Western Australian Speleological Group.
- 3. Whilst undertaking activities with the Western Australian Speleological Group I agree to follow the instructions of the activity leader or other person in charge from time to time, and to exercise all possible care to ensure the safety of myself and others.
- 4. I acknowledge that it is my responsibility, prior to the commencement of any activities, to notify the activity leader of any medical conditions, allergies etc. to which I may be subject as well as any prescription or recreational drugs which I am taking or which may be active in my body.
- 5. In the event of an accident or illness (real or apparent), I hereby authorise the activity leader, or other person in charge at that time, to obtain such medical assistance or treatment as he or she may consider necessary in his/her sole discretion. For this purpose, the person in charge may engage any doctors, nursing assistance, hospital accommodation or transportation as required and, in this event, I agree to promptly pay all fees and expenses incurred as a result of my accident or illness (real or apparent).

Signing clause: this operates as a full release to Western Australian Speleological Group Inc. Executed as a deed on:

Signed # 1	Date	
Signed # 2	Date	

Monthly General Meetings are held at 7:00pm on the first Tuesday of every month except January at the Tom Dadour Centre, 363 Bagot Road, Subiaco

Members and non-members welcome. Bring friends along for a social evening of informative talks / slide presentations, to hear the latest reports on local caves, and to get your name in first for future trips.

OFFICE USE ONLY		
☐ Receipt & membership card issued	☐ Added to ASF database	☐ Added to WASG mailing list