

NEW MEMBERSHIP APPLICATION

NAME		
(Please print)		
RESIDENTIAL ADDRE	ESS	
POST CODE	PHONE No	MOBILE
EMAIL		.D.O.B. (Optional)
N.O.K./Contact Person _		Relationship to you
Contact Phone No		Contact Mobile
	ASSOCI	ATION DISCLAIMER
actions of others, or any activity/ies at your sole racknowledge and voluntactivities. I have read and acknowle	accident or incident that m isk and arily accept the level of risl edge the above disclaimer a	ers, coordinators and volunteers are in no way responsible for the ay happen on any such activity. You undertake a program's a consequent with those and agree that all activities are responsibility for my actions
SIGNED		
D.A.TE		

The Annual Membership Fee of \$35.00 has been deposited with BOQ (Bank of Queensland)–BSB 124-057

A/c No 23005257 Walking for Pleasure Brisbane Inc

Deposit slip is enclosed. (please do not send cheques in the post)

Mail to: Walking for Pleasure Brisbane Inc PO Box 843 SPRINGWOOD QLD 4127

Or

Email: w4pbrisbaneinc@gmail.com