

Retire Active SA Bushwalkers



MEMBERSHIP APPLICATION FORM

Please fill in all appropriate details, save and email to:
retireactivesabushwalkers@gmail.com

Surname	<input type="text"/>	First Name	<input type="text"/>
Phone	<input type="text"/>	Birth Year	<input type="text"/>
Email	<input type="text"/>		

Gender M F Prefer not to say

Street Address	<input type="text"/>
Suburb	<input type="text"/>
Postcode	<input type="text"/>

Emergency Contact Name	<input type="text"/>	(optional)
Emergency Contact Phone	<input type="text"/>	(optional)

How would you like to receive the Newsletter?

- Download from website (free)
- B&W copy by post \$32 per year

By submitting this form, I accept responsibility for my personal accident and ambulance cover and acknowledge that this cover is not provided by Retire Active SA Bushwalkers.

Date

Membership Fee \$20 until June 30 2026

Payment: Please pay by direct lodgement or Internet transfer.
Account name: Retire Active SA Bushwalkers
BSB: 105-096
Account number: 081 805 940