Retire Active SA Bushwalkers

MEMBERSHIP APPLICATION FORM

Please fill in all appropriate details, save and email to:

retireactivesabushwalkers@gmail.com

Surname _____ **First Name** _____

Phone _____ **Birth Year** _____

Email _____

Gender ◯ **M** ◯ **F** ◯ **Prefer not to say**

Street Address _____

Suburb _____

Postcode _____

Emergency Contact Name _____ **(optional)**

Emergency Contact Phone _____ **(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 2027

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