



BISHOPDALE TRAMPING CLUB (INC.) APPLICATION FOR MEMBERSHIP

Name.....

Address.....

.....Postal Code.....

Phone.....Mobile Phone.....

Email.....

Emergency contact and their phone no(s).....

Please list any physical or health matters that, in the safety interests of yourself and other trampers, you should make known.

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Please list the tramps you have participated in with the Club.

Date Name of tramp

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Other tramping experience

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Bishopdale Tramping Club members contribute in many ways to the smooth running of the club. If you have any skills / strengths that you think could contribute going forward please let us know here. Examples include: Regional Tramping knowledge and experience, first aid, leadership, navigation, organisational skills, accounting, computer skills, Trip report writing, cake baking etc.

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I undertake to abide by the rules of the Club as contained in the Constitution and the By-laws.

Signed..... Date.....

Please return to the Secretary Lynn Brand - secretary@bishopdaletrampers.org.nz or give to Lynn on the bus.

Visit the club website for further information: www.bishopdaletrampers.org.nz