



MEMBER REGISTRATION FORM

Updated October 2017

First Name:		Last Name:	
Address:			
Telephone:		Email:	
Do you have any medical conditions, allergies, disabilities or past injuries that may affect your participation?		Yes	No
If yes – please note the conditions below.			

FINANCIAL YEAR MEMBERSHIP FEE

As at 2011, \$5.00 per person – forms and payment to be submitted to membership officer.

CONDITIONS OF PARTICIPATION:

I agree to comply with the following terms when participating in all projects and activities:

1. I will notify the leader of any activity of any relevant medical conditions and pre-existing injuries.
2. I am a volunteer and not an employee of the Management Committee.
3. I will not consume or store alcohol or illicit drugs while working at any Beechmont Landcare project or activity.
4. I shall respect the rights, feelings and property of all others associated with projects.
5. I shall cooperate with the Management Committee and others to ensure a safe, happy and hygienic team environment.
6. I shall treat all other Landcare members with respect and courtesy, listen openly to others points of view and accept differences of opinion.
7. My participation in projects and activities is at the discretion of the Management Committee.
8. Photographs or videos taken of me on a project or at an activity may be used by the Management Committee for promotional purposes.
9. I understand that failure to comply with any of these conditions may result in the Management Committee requesting me to leave.
10. I have reviewed the Risk Assessment and am aware of the risks and hazards associated with Landcare activities.

Member Signature:	Date:
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