



**Omnia Adventurers and Social Club Inc**  
 PO Box 602, Civic Square, ACT 2608  
 Website: www.omnia.asn.au

Omnia Use:		
	Date:	

**MEMBERSHIP APPLICATION / RENEWAL FORM**

New Membership       Renewal

**New Member / Existing Member changed details**

Family Name:	Preferred Title:	
First Name:	Home Phone:	
Postal Address:	Work Phone:	
Suburb/Town:	State:	Postcode
	Mobile:	
Email address:	Birthdate: (optional)	

**Waiver:**

In voluntarily participating in any Omnia activity, I am aware that this may expose me to risk that could lead to injury, illness or death or to loss of or damage to my property. Those risks may include but are not limited to slippery and/or uneven surfaces, rocks being dislodged, falling at edges of cliffs or drops or elsewhere, risks associated with crossing creeks, hypothermia and heat exhaustion. To minimise these risks I will endeavour to ensure: that any activity in which I participate is within my capabilities and that I am carrying food, water and equipment appropriate for the activity. I agree to advise the activity leader if I am taking any medication or have any physical or other limitations that might affect my participation in the activity. I will make every effort to remain with the rest of the party during the activity and accept the instructions of the leader of the activity. I have read or heard and understand these requirements; I have considered the risks before choosing to sign this form. I still wish to participate in the activities of Omnia. I accept that in signing this form I am waiving my rights to sue the leader, the club & other participants. I agree that any contract arising from my participation will exclude any liability arising from the supply of goods and services by the club leaders. I accept as a member I am not covered for personal accident insurance; and that insurance for personal accident remains my responsibility.

**Photographs** are often taken at Omnia activities. Please tick or cross to indicate your agreement or otherwise.

- I agree if I do not wish to be photographed I will advise the activity organiser at the time.
- I agree if photographs are taken at Omnia activities they may be used for publicity purposes including on the Omnia website. If I do not wish a particular image to be published I will advise a Committee member.

<b><u>Membership Fees</u></b>		<b><u>Payment</u></b>
Joining fee per person ( <i>for new members only</i> )	\$5	
Membership fee per person with email newsletter	\$40	
<b><u>TOTAL PAYABLE</u></b>		

**PAYMENT OPTIONS**

<input type="checkbox"/>	<b>Cheque/Money Order</b>	Post Cheque/Money Order in favour of Omnia Adventurers and Social Club with form to : PO Box 602, Civic Square, ACT 2608
<input type="checkbox"/>	<b>EFT</b>	Transfer application fee to <b>Omnia Adventurers &amp; Social Club</b> at: <b>Beyond Bank BSB: 325185 A/c No 03740209</b> Reference: Your name Email to <b>omnia_membership@omnia.asn.au</b> or post application form <b>Renewals:</b> Email payment details providing any changes to member details

<b>I would like to receive the latest news of OMNIA activities by email</b>	<b>Yes / No</b>
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I wish to apply for/renew membership of the Omnia Adventurers and Social Club Inc. If my application is approved, I agree to abide by the Omnia Constitution and Rules including the Risk Waiver stated above.

Signature .....Date .....

Please tell us how you heard about Omnia?".....