NEWCASTLE & HUNTER VALLEY SPELEOLOGICAL SOCIETY INC APPLICATION FOR MEMBERSHIP

Surname:	Christian Name:				
Address:					_
Postal Address:					-
Date of Birth:/	_/ Sex: Male/Fe	male			
Occupation:		Email contact:_			_
Phone: Home	Work	Mobile			_
If family membership	, list names and dates of birth	n of all covered und	er this members	hip.	_
List any medical prob	lems and medication required	d:			-
Do you possess a first Type:	_				
Contact details (next	of kin and/or someone not	on a caving trip w	ith you) in case	of emergency or	accident:
Name		Name			
Address		Relationship:			
Caving Experience:	Approximate number of trips	Approx	cimate hours und	derground	
Caving areas visited:_					_
					_
					_
Cave Diving Qualifica	rescue course: Yes/No Wi ations:copies of all certifications/tic		When:	Level:	-
Other relevant exper Abseiling		Canyoning	gS	SRT	_
Surveying	Camping:	Orienteeri	ng/Map reading		_
Other special skills the	at you possess:				_
caving can be a haza event of any loss, acc	nembership of the Newcast ardous/dangerous activity, a sident, injury and/or death, esponsible. I agree to be b gical Federation Inc.	and will engage in t I agree not to hold	the activities of I the Society, its	the society at my officers, executiv	own risk. In the ve or members i
Signed				Date/	/
Signature of Parent/Guardian if applicant under 18yrs				Date//	/