

- RENEWAL *(existing member)*
- APPLICATION *(new member)*



**ROVER
SPELEOLOGICAL
SOCIETY (RSS)**

SURNAME: _____ FIRST NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

MEMBERSHIP TYPE: (tick applicable box, and forward corresponding fee to the Treasurer)

- | | | |
|---------------------------------------|-------|---|
| <input type="checkbox"/> INTRODUCTORY | \$25 | First time new members only. Valid for balance of membership year. |
| <input type="checkbox"/> STUDENT | \$78 | Must be over 18 and undertaking full time study. |
| <input type="checkbox"/> FULL MEMBER | \$85 | Must be over 18 and either have attained the RSS Horizontal Caver classification or undertake to attain it, to be eligible to vote at meetings. |
| <input type="checkbox"/> FAMILY | \$145 | Any couple in a recognised relationship, and their children aged under 18. |
| <input type="checkbox"/> OTHER | | (refer to Constitution for categories) |

Other family members to be covered under family membership:

NAME: _____ RELATIONSHIP: _____ DOB: _____

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Please contact the RSS Club President on rss.caves.org.au/contact to organise approval & payment

EMERGENCY CONTACT: _____ RELATIONSHIP TO YOU: _____

BEST CONTACT NUMBER: _____ ALTERNATE NUMBER: _____

DESCRIBE ANY MEDICAL CONDITIONS WHICH MAY PUT THE SAFETY OF YOURSELF OR OTHERS AT RISK: _____

DO YOU CARRY MEDICATION TO TREAT THE ABOVE CONDITION/S? YES / NO Details: _____

DETAILS OF CURRENT FIRST AID QUALIFICATIONS: _____

BRIEF HISTORY OF LEADING GROUPS ON RISKY ACTIVITIES: _____

ARE YOU A MEMBER OF ANY OTHER CAVING CLUBS? _____

HOW DID YOU HEAR ABOUT RSS? _____

I hereby agree on behalf of myself and my family, to abide by the ASF Code of Ethics, Minimal Impact Caving Code, and Cave Safety Guidelines (see www.caves.org.au for details), and the RSS constitution (see rss.caves.org.au). I understand that caving and some activities organised by RSS are inherently risky and that emergency medical treatment may need to be arranged for me without my consent. I also consent to my photograph or image being displayed on the RSS website or other promotional or advertising material of RSS.
(cross out if you do not consent)

SIGNED: _____ DATE: _____

If under 18, this should also be signed by a parent or guardian and it is then assumed that consent has been given for the member to participate in RSS activities.

INTERNAL USE ONLY: APPROVED: _____ DATE: _____ RECEIPT No: _____