



# FMR Inc.

Postal address: **PO Box 296  
Stones Corner Qld 4120**

Email: [fmrqld@gmail.com](mailto:fmrqld@gmail.com)

URL: <http://www.fmrqld.bwq.org.au>

## Membership application for the year to 30 June 2017

Surname: .....

First name: .....

Address: .....

.....Postcode: .....

Home phone:..... Mobile:.....

E-mail: .....

BWQ-affiliated Club Memberships .....

First-Aid Certification ..... Expiring .....

### Emergency contact details:

Name..... Relationship: .....

Address: .....

.....Postcode:.....

Phone:.....

### ACKNOWLEDGEMENT OF RISK

I acknowledge that when I am participating in any activity by FMR Inc., I am doing so voluntarily and as such I accept all responsibility for loss of property or bodily harm to me, however it may occur. I also acknowledge that my participation in these activities may expose me to hazards and risks that could lead to injury, illness, death or loss of or damage to my property. In particular when participating in abseiling or activities above the snowline I may be exposed to additional hazards and risks.

I will make all reasonable efforts to avoid or minimize risks by:

1. Only participating in activities within my capabilities
2. Carrying food, water and equipment appropriate for the activity and
3. Advising the activity leader if I am taking any medication or have any physical or other limitation that might affect my participation in the activity

I acknowledge that the payment of my membership subscription will be deemed as full acceptance and understanding of the above.

Applicant's signature: ..... Date: ..... Dues\*: .....

[For new applicants:]

Proposer: ..... Signature: .....

Secunder: ..... Signature: .....

## PROSPECTIVE MEMBERS

What skills will you bring to FMR? (e.g. bush / climbing / admin / website / fundraising)

.....  
.....

## ADVICE OF INSURANCE:

Applicants are advised that FMR Inc. has insurance, including public liability insurance limited to \$20,000,000, through its affiliation with Bushwalking Queensland. Full details are available at [www.bushwalkingaustralia.org/insurance](http://www.bushwalkingaustralia.org/insurance)

The activities covered include administration, bushwalking, track and hut construction and maintenance, canyoning, liloing, alpine walking (summer & winter), canoeing / kayaking, boating / rafting, swimming, cycling, rock scurrying and use of hand held ropes and safety belay equipment as part of a bushwalk, snow skiing, abseiling, caving, orienteering / rogaining, leader training and other related instructions, rescue training activities, voluntary work for various charities and not-for-profit organisations, property owners / occupiers, the provision of canteen, first aid.

Exclusions, among others, are rock climbing (other than specified in the Insured's Business), bungee jumping, go-karting, mechanical rides, water skiing, any performance, sport, game, contest, or display involving athletic, acrobatic, military or equestrian skill or the use of firearms or explosives; the supply, storage, distribution, sales or servicing of any alcoholic drinks; deceit, prior liability, sexual abuse, war, terrorism, HIV/AIDS and overseas travel other than New Zealand.

For those aged under 85, the personal accident benefit is 80% of lost earnings, from week 2 for up to 52 weeks, capped at \$700/week. If you succumb, the benefit is \$50,000.

In the event of a claim, the Insured must give immediate notice in writing to the Insurer, providing such information as the Insurer may require to reasonably investigate the claim.

## EMERGENCY CALLS-OUT

FMR members called out by the police are covered by Worker's Compensation.

## INSTRUCTIONS

Please read and complete this form, and send it, or an electronic scan, to "FMR Treasurer" at the postal or email address in the letterhead, or hand it to an FMR office-bearer.

\* Dues are \$20 for renewing members. For new members, dues are the lesser of \$20 and \$2 per month until 1 July. Dues can be accepted as cash, cheque or online transfer:

BSB: 124001 A/c: 90376340

FMR Inc.

Ref: your name

Office Use		
Receipt No: .....	Treasurer: .....	Membership.....