The Probus Club of Camberwell

I hereby apply for membership of The Probus Club of Camberwell

Title: _____ Surname: _____ Names: _____

Preferred Name on Badge: _____ Spouse/Partner Name: _____

Date of Birth_____/_____/_____ Email Address: _____

Address: _____ Postcode: _____

Phone Number: _____ Former Occupation: _____

Hobbies, Sporting & Other Interests: _____

In case of emergency, please contact: _____ Relationship: _____

Emergency Contact Phone: _____ Mobile: _____

(The Emergency Contact *person should not be a member of the Club)*

1. I agree to be bound by the provisions of the Club's constitution standing resolutions and agree to take an active role in the Club through my attendance and participation.
2. I understand that the information provided in this application will be used to assess my application and maintain my membership. I understand that my application may not be processed if any of the above information is not provided.
3. I acknowledge that at some time during my membership, I may be called upon to take an active role on the Management Committee.
4. I consent to my name, address, telephone number and email address being included in ClubRunner to be accessed only by members of the Club.
5. I understand that I may access any personal information the Club holds about me upon request.
6. Unless advised otherwise in accordance with point 7 below, I consent to the information provided in this application form being provided to Probus South Pacific Limited (PSPL). I understand that this information may be used, held and disclosed by PSPL in accordance with the PSPL Privacy Policy which can be viewed at www.probussouthpacific.org or by clicking here (online access only). By signing this form, I acknowledge that I have read and agree to the terms of the PSPL Privacy Policy.
7. I understand that the minimum information required by PSPL is my first name and last name and that it is my responsibility to advise the Club Secretary in writing if I do not want PSPL to hold any of the additional information in this application form or I do not wish to be contacted by PSPL.
8. I understand that PSPL's National Insurance Program provides Public Liability Insurance of $20 million and that I can access a summary of this coverage through the Club Secretary or the PSPL website.
9. I understand that the Club and/or PSPL may publish photographs or videos of members on their websites, in newsletters and on social media to promote the Club and Probus generally. By signing this application form, I consent to the publication of such photographs and videos unless I have advised the Club Secretary in writing that I do not consent to such publication.

Applicant's Signature: _____ Date: _____

Nominated by _____ Signature: _____ Date: _____

Seconded by: _____ Signature: _____ Date: _____

CLUBUSE ONLY Date Received: _____ Approved by Committee on: _____

Monies Received: _____ Membership badge ordered: _____

Inducted: _____

REGISTRATION FORM FOR OUTINGS, ACTIVITIES AND TOURS

THE PROBUS CLUB OF CAMBERWELL

PARTICIPANT'S DECLARATION

I _____(NAME OF MEMBER OR VISITOR) hereby apply to participate in the activities of the Club which may involve outings, tours and trips and in so doing:

- I understand that I am the person who is fully responsible for the state of my health and I undertake to do all that is necessary so as not to place other participants at risk, including putting them under stress or duress or putting them in danger because of the state of my health or my behaviour.
- I hereby declare that to the best of my knowledge I am fit enough to undertake Club activities and agree to advise the Club should my state of health change.
- I hereby declare that I will only participate in activities where I am physically capable.
- I understand that it is not the role or responsibility of the Club or a Club member to act as a carer should I need one.
- I understand that by completing this declaration that it in no way restricts or limits the insurance cover available to me as a member or visitor through the Probus National Insurance Program while participating in an approved activity of the Club.
- I understand that the Probus National Insurance Program does not provide coverage for illness and that I can access information about the coverage available under the program from the Club Administration section of the PSPL website or by contacting the Club Secretary.
- I understand that as a participant, I may appear in photographs taken by the Club or Association which may be used to promote the Club and Probus generally.
- I understand that it is my responsibility to advise the Club Secretary in writing of any change to this declaration.

In the case of any accident, illness or emergency please contact the following person (this person should not be a member of the Club).

Name _____ **Relationship** _____

Telephone Number/s _____

Email _____

PARTICIPANT*S SIGNATURE _____ DATE: _____