

# Manukau Tramping Club Incorporated

Honorary Secretary, P O Box 72-376, Papakura 2244, New Zealand

## Application for Membership

**I, the undersigned applicant, apply for membership of the Manukau Tramping Club Incorporated**

Full Name: .....

Address & Postcode: .....

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Phone: Home: ..... Mobile: .....

Email: ..... Date of Birth: ..... / ..... / .....

Occupation: .....

Classification: (Circle)      Ordinary      Junior      Couple      Family

Previous Experience: .....

Club or Group: ..... Term: .....

Medical or physical Disabilities: .....

Nature and frequency of treatment: .....

**I AGREE** that, should my application for membership be approved, I will observe the **RULES** and **CONDITIONS** of membership as from time to time determined and **I WILL** conduct myself in a manner that is not prejudicial to the Club's name or standing.

**I CONSENT** to the collection of the information contained on this form by Manukau Tramping Club Incorporated for the purpose of a Club Membership Record, publication in the Club Newsletter and Search and Rescue matters, and for it to retain, use and disclose this information to any regional and/or national association with which the Club is affiliated. I acknowledge my right to access and correction of this information. This consent is given in accordance with the Privacy Act 1993.

**I FURTHER AGREE** that I take part in the various activities of the Club at my own risk and that I **INDEMNIFY** the Manukau Tramping Club Incorporated **AND** its Officers **AND** its Members, **BOTH SEVERALLY** and **JOINTLY** from and against all liabilities, actions, claims, suits and demands arising from any accident, loss or damage suffered by me or in respect to my equipment.

I have read and understand this document and I have completed **ALL** relevant sections.

I certify that the above particulars are both true and correct. ....

*(Applicant's Signature)*

Parent or Guardian of Junior Applicants please countersign your approval here.

.....  
*(Parent or Guardian)*

**First Trip:** ..... **Leader:** .....

**Second Trip:** ..... **Leader:** .....

**Third Trip:** ..... **Leader:** .....

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**Couple Membership:**

Name of Partner: .....

Birth Date: ..... / ..... / ..... Occupation: .....

Medical or physical Disabilities: .....

Nature and frequency of treatment: .....

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I have read and understand this document and I jointly and severally agree with my partner to the Conditions of Membership and to the **CONSENT** and **INDEMNITY CLAUSES** printed on the front of this Application Form (both partners should sign).

Signature: (1) ..... (2) .....

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**Family Membership:**

Name of Father/Mother: .....

Birth Dates: ..... / ..... / ..... & ..... / ..... / .....

Occupations: .....

Names of Children:

1 ..... Date of Birth: .....

2 ..... Date of Birth: .....

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I have read and understand this document and I jointly and severally agree with my partner to the Conditions of Membership and to the **CONSENT** and **INDEMNITY CLAUSES** printed on the front of this Application Form. **I FURTHER AGREE** that Family membership applies **ONLY** to one or both parents **AND** the children of those parents who are under 14 years of age.

**I AGREE** that the above conditions **AND** the **CONSENT** and **INDEMNITY CLAUSES** also bind my/our children **AND** that I/We will be responsible for the supervision of my/our children on all Club Family Trips.

Signature: .....  
*(Mother)* ..... *(Father)* .....

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**Advice to Applicants:**

New members are required to complete 3 Light Tramps within the first 3 months and during the 3 month period, obtain a Bushcraft Manual from the Membership Officer. To then pay the once only Member Joining Fee of \$30 to the Treasurer. From the above manual make up an "Individual First Aid Kit" (page 257) and "Individual Survival Kit" (page 259). Fill in "Medical Declaration Form", obtained from the Membership Officer, to keep in your First Aid Kit. Confirmation of MTC membership will be given on completing the above requirements at the next Club night / Committee meeting, at which time the applicant may pay the remainder of the Membership fee.

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**COMMITTEE USE ONLY**

Subs Paid: \$ ..... Full Year/Half Year Ending: .....

Receipt No. .... Date: .....

Membership Card No. .... Date Issued: .....

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