



THE PROBUS CLUB OF PORT MELBOURNE INC.

Postal Address: PO Box 248, Port Melbourne Vic 3207

Email: port.probus@gmail.com

Website: <http://www.probusportmelbourne.org.au>



APPLICATION FOR MEMBERSHIP

Title (Mr, Mrs, Dr, Ms, other) _____ **Surname** _____

Given names _____ **Preferred name** _____

Spouse/Partner's name _____

Address _____

_____ **Postcode** _____

Phone _____ **Mobile** _____

Email _____

Date of birth (year optional) _____ **Former occupation** _____

Hobbies, sporting, other interests _____

In the case of any accident, illness or emergency please notify:

Primary contact:

Name _____

Phone number (mobile) _____ (home/work) _____

Secondary contact: (if primary contact unavailable)

Name _____

Phone number (mobile) _____ (home/work) _____

1. I agree to accept the concept of Probus and to take an active role in participating in Club meetings and other activities.

2. I understand that the information provided in this application forms part of the requirements of membership.

3. I acknowledge that during my membership, I may be called upon to take an active role on the Committee of Management.

4. I consent to my name, address, telephone numbers, email address and emergency contact information being included in a 'Directory of Members' to be distributed only to the Committee of Management of the Club and to any other organiser/s of recognised Probus activities.

5. When participating in the activities of the Club (including outings and tours):

- I understand that I am the person who is fully responsible for the state of my health and undertake to do all that is necessary so as not to place other participants under stress or duress or to put them in danger because of the state of my health or my behaviour.
- I declare that to the best of my knowledge I am fit enough to undertake club activities and agree to advise the organiser immediately should my state of health change.
- I declare that I will only participate in activities where I am physically capable.
- I understand that any member or guest with a disability must have a carer/companion (when necessary) and I accept that it is not the role or responsibility of the club or a club member to act as carer.

6. I understand that the Club publishes photographs of members on its website and newsletter to promote the Club and that membership of the Club implies consent to the publication of such photographs unless I personally inform the Secretary in writing that I do not consent to publication.

7. I understand that by completing this declaration, this in no way restricts or limits the insurance cover available to me as a member through the Probus National Insurance Scheme whilst participating in a 'recognised activity' of the Club.

8. I take responsibility for ensuring that the information provided above is kept up to date by notifying the Probus Club Secretary of any change/s.

Signature _____ **Date** _____

Proposed by _____ **Signature** _____

Seconded by _____ **Signature** _____

For Probus Membership Officer/Treasurer use:

Date approved by Committee _____

Date membership paid _____ *Amount paid (single/joint)* _____

Date name badge ordered _____ *Date received* _____

Date PSPL card requested _____ *Date received* _____

Date inducted _____