

CAVE EXPLORATION GROUP (SOUTH AUSTRALIA) INCORPORATED

Application for Membership

Introductory and family.	3-month Associate starting date	Associate	Full	Transfer to Full Rejoining
---------------------------------	--	------------------	-------------	-----------------------------------

NAME in full

Preferred name

Private Address

Postal Address

Occupation date of birth:

Telephone : Private Business

Mobile: E-mail.....

Name address & phone# of nearest relative or friend

Previous caving experience (for a Full membership application attach details, training, skills, experience, and contact information for at least three referees)

<u>Date</u>	<u>Cave system/area</u>	<u>Leader</u>	<u>active hours</u>
.....
.....
.....
.....

Other caves visited :

Names of any similar organisations to which I am or have belonged:.....

I hereby apply to become a member of the Cave Exploration Group (South Australia) Incorporated and I hereby declare that I have read the Rules By-Laws and Code of Ethics of the Group and agree to be governed by them and any others that may be set down from time to time upon notice of my election as a member. I further declare that I will not hold liable the management committee of the Group its elected officers or any other member for any losses sustained by me in the course of caving activities whether those losses are incurred through bodily injury or in any other way. I also agree to obey any appointed Trip Leader or their deputy while on a trip; not to litter nor deface property; and not to remove from any cave any material native to the cave without prior written consent from either the cave manager or the management committee of the Cave Exploration Group (South Australia) Inc.

I give / don't give permission for my following contact details to appear in CEGSA publications:

All postal-address home-address home-phone work-phone mobile email

Date **signed**

If under-18, permission given by:
Parent / Guardian name..... signed
Contact details or "as above"

For Full membership: Proposed by Seconded by

for Committee:
Application accepted on by CEGSA Officer
Fees of \$ payable with application. Receipt # allocated CEGSA#