



برو و ایل د: فرساتوان بیو دیورسیتی دان قنچینتا  
عالم سمولا جادی

PERSATUAN BIODIVERSITI DAN PENCINTA ALAM SEMULAJADI  
BIODIVERSITY & NATURAL HISTORY SOCIETY

Passport size photo

ID No: \_\_\_\_\_

## 2017/2018 Membership Registration Form

Category:

- ☐ Executive  
☐ Associate  
☐ Ordinary  
☐ Student

Registration fee

\$25.00  
\$25.00  
\$25.00  
\$10.00

### 1. PERSONAL DETAILS

Full Name: \_\_\_\_\_

I/C No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Contact no.: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Special areas of interest: \_\_\_\_\_

Qualification [For Associate member]: \_\_\_\_\_

### 2. EMERGENCY MEDICAL CONSENT

Blood type (please tick the relevance) :

☐ O ☐ A ☐ B ☐ AB

Please state your medical history:

Physical Disability	Chronic Aliments	Allergies

In the event of any emergency, these are my next of kin/guardian (Please state name in full):

<b>Kin 1:</b>	Relationship:
	Contact number:
<b>Kin 2:</b>	Relationship:
	Contact number:

### 3. MEDICAL WAIVER AGREEMENT

*I consider myself as capable to take part in BruWILD Society. I consent that, in the event of any illness/accident, any necessary treatment can be administered to me, including the use of anesthetics, which are necessary in the opinion of a qualified medical practitioner. I also understand that, whilst the Society will take every precaution to prevent accident(s), they shall not be held responsible for any loss, damage or injury suffered by me.*

### 4. PARTICIPANT / PARENT / GUARDIAN DECLARATION

*I hereby declare that all information provided on this form is true and correct. I also declare that I have read and understand this agreement as well as all the rules, laws and by-laws of the society, and I undertake to comply with and uphold all rules, and by-laws of this society.*

Participant Signature : \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature : \_\_\_\_\_

Date: \_\_\_\_\_

Name of Parent/Guardian : \_\_\_\_\_

(If Participant is under 18 years of age)

### 5. SOCIETY PARTICIPATION INDEMNITY

Whereas I, (state full name) \_\_\_\_\_ in consideration of my participating in activities organized by BruWILD Society do hereby:-

- i. Acknowledge the nature and extent of BruWILD activities and the risks and dangers to which I may be exposed as a result of my participation in the activities;
- ii. Voluntarily assume the risks and dangers to which I may be exposed as a result of my participation in the activities;
- iii. Indemnify and keep indemnified the BruWILD Society and/or its members, guests and/or agents against all injury, loss, damage, death, cost and/or expenses which I and/or any other person may sustain or incur as a result of my participation in the activities; and
- iv. Agree not to hold the BruWILD Society and/or its members, guests and/or agents liable for any injury, loss, damage, death, cost and/or expenses which I may sustain or incur as a result of my participation in the activities.

\_\_\_\_\_  
Acknowledged and Agreed

\_\_\_\_\_  
(Date)

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#### FOR BruWILD OFFICE USE ONLY

Member Identification Number: \_\_\_\_\_

Processed by: \_\_\_\_\_

Processed date: \_\_\_\_\_

Member ID Card collect date : \_\_\_\_\_