Psychs on Bikes, Incorporated

APPLICATION FOR MEMBERSHIP OF ASSOCIATION

First Name _____ Last Name _____

Street address _____

Suburb _____ Postcode _____ State _____

Non-work email _____ Mobile _____

Occupation _____

Employer _____

Registration Body _____ Registration No. _____

I hereby apply to become a member of Psychs on Bikes, Inc. (the Association). In the event of my admission as a member, I agree to be bound by the Constitution of the Association for the time being in force.

I further note and agree that each member of the Association releases, indemnifies and forever discharges the Association and its present, future, or former directors, officers, employees or agents from and against all claims, demands, actions, suits, and causes of action of every description which relate in any way to an activity conducted by or for the Association whether arising for negligence or in contract or in common law, in equity, under statute or otherwise. The Association may plead this clause as an absolute bar to any claim made by a member or anyone claiming through a member. The Association holds the benefit of this clause in trust for each present and former officer, employee, or agent.

Signature of Applicant _____ Date _____

Proposer Name I, _____ a member of the Association,

nominate the Applicant for membership of the Association.

Proposer Signature _____ Date _____

Seconder Name I, _____ a member of the Association,

second the nomination of the Applicant for membership of the Association.

Seconder signature _____ Date _____

ABN: 42 152 302 256 (incorporated under The Associations Incorporation Act, 2009 NSW)

Psychs on Bikes, Incorporated

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Note: If you do not know an existing PoB Member, do not fear! Email us your completed Membership Form and a PoB rider in your State will give you a call to check you are who you say you are. Assuming it all rings true, your application will be proposed by the rider you spoke to and seconded by a PoB Committee Member at our next PoB Committee meeting.

Additional Information (not mandatory)

The following information will help in planning for the direction of PoB into the future.

Mental Health (MH) specialisation and/or areas of interest:	
Are you interested in being an active member of PoB? E.g. speaking at events on MH, sponsorship or fundraising, logistics, Committee Member	☐ Yes ☐ No
What PoB events/activities would you like to participate in? PoB welcomes your ideas for any future events or activities	
What bike(s) do you currently own or ride?	
My t-shirt size is	

☐ As a member I understand I will be added to the Psychs on Bikes mailing list.

☐ I would like to be added to my state's Whatsapp group. Whatsapp is our primary channel for communication between PoB members before, during and after PoB rides.

Membership Fee: Our Membership Fee is $33 for 3 years.

Our preferred payment method is an electronic bank transfer to Psychs on Bikes, Incorporated.

Use your full name as the description so we can identify that you have paid.

BSB: 082 212 Account No: 15133 3128

Last step: Email your completed form to psychsonbikes@gmail.com with subject line Membership Form

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