

MEMBERSHIP SUBSCRIPTION

No.

I/We wish to apply/renew for membership to the Brunei Nature Society for, the year commencing 1st July to 30th June

Name

Mailing Address			
_			
_			
_			
-			
Telephone (Home):		 Telephone (Off):	
Student Member: In	stitution or Faculty		
e-mail address:			
Date		Signed	
		Signed	

Outings & Field Trips

Unfortunately the Society is unable to insure all members going on trips under their auspices, Following legal advice we ask you to sign the standard indemnity form on the reverse side of this application. It is obviously simpler to have the forms signed when joining rather than trying to have it done before each individual trip. We thank you for your cooperation.

Please Complete both Sides

1/92	Address File	Treasurer	Membership Card		
Subscription: B\$20 per year (Family Membership)					
		1 10 1 11 11			

B\$5 per year (Individual Student Membership)

BRUNEI NATURE SOCIETY

FORM OF INDEMNITY

I/We _____

of _____

in consideration of my participating in activities organized by or on behalf of the Brunei Nature Society do hereby irrevocably undertake for myself and my heirs executors administrators or other legal representatives to waive against the President and any other officer member or guest or any person in the service of the Brunei Nature Society all claims demands actions and causes of action of whatever kind or nature arising directly or indirectly out of my death or of any injury to my person or property or both which I may suffer by reasons of any activity of the Brunei Nature Society (or by reason of anything which may arise, in connection with such activity) and I do hereby release any forever discharge the President and any officer member or guest or any person in the service of the Brunei Nature Society from all claims and action and causes of action of whatsoever kind which is against the President any officer member or guest or any person in the service of the Brunei Nature Society my heir executors or any of them should or might have for or by reason at my death injury or disability or of damage to myself or property as aforesaid in consequence of any activity undertaken by me as aforesaid and whether resulting directly or indirectly therefrom.

In witness thereof I/We have hereunto set My/Our hand on this day of

Signed_____

Signed_____