

# Skyline Mountaineering Club

## Application for Membership

### Applicant details:

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

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

Post Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

*(Please only provide an email address if you check your messages regularly)*

Emergency Contact Name \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

### Declaration:

I (named above) apply for membership of Skyline Mountaineering club and I acknowledge receipt of a copy of the Club's Constitution and agree to be bound by it.

I accept that climbing and mountaineering are activities with a danger of personal injury or death. I am aware of, and accept these risks. I will be responsible for my own actions and involvement.

I acknowledge that Skyline Mountaineering Club keeps a record of my personal details listed above on this form. I understand that my name, address, telephone numbers and email address will appear in the club contact list unless I request the club secretary not to include them. I understand that the secretary will only distributed this contact list to members of Skyline Mountaineering Club.

I understand that yearly membership runs from January to December and that even if I join part way through the year membership subscription will be due the following January.

Signed: \_\_\_\_\_

Signature of parent or guardian (if under 18) \_\_\_\_\_

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

Witnessed by: \_\_\_\_\_