## **Skyline Mountaineering Club**

Application for Membership

Applicant details:	
Name:	
Address:	
-	
-	
Post Code:	Date of Birth:
Telephone: Home:	Work:
Mobile:	
Email Address:	
(Please only provide a	n email address it you check your messages regularly)
Emergency Contact	Name
Emergency Contact	Number
Declaration:	
	r membership of Skyline Mountaineering club and I acknowledge receipt of a cop and agree to be bound by it.
	nd mountaineering are activities with a danger of personal injury or death. I a se risks. I will be responsible for my own actions and involvement.
form. I understand that n contact list unless I reque	ne Mountaineering Club keeps a record of my personal details listed above on the my name, address, telephone numbers and email address will appear in the club est the club secretary not to include them. I understand that the secretary will on t to members of Skyline Mountaineering Club.
	membership runs from January to December and that even if I join part was ship subscription will be due the following January.
Signed:	
Signature of parent	or guardian (if under 18)
Date:	
Witnessed by:	