## Skyline Mountaineering Club

## Application for Membership

## Applicant details:

Name:
Address: $\qquad$
$\qquad$
$\qquad$
Post Code: $\qquad$ Date of Birth: $\qquad$
Telephone: Home: $\qquad$ Work: $\qquad$
Mobile: $\qquad$
Email Address: $\qquad$
(Please only provide an email address it you check your messages regularly)
Emergency Contact Name $\qquad$
Emergency Contact Number $\qquad$

## 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) $\qquad$
Date:
Witnessed by: $\qquad$

