

MERCIAN MOUNTAINEERING CLUB (MMC)
MEMBERSHIP APPLICATION FORM

thebmc

NAME: _____

OCCUPATION: _____ AGE: _____

ADDRESS: _____

TELEPHONE: (home) _____ MOBILE: _____

(work): _____ EMAIL: _____

HOME ADDRESS IF DIFFERENT FROM ABOVE _____

TELEPHONE: _____

I WISH TO APPLY FOR ORDINARY / JOINT MEMBERSHIP (delete as applicable)

MY MOUNTAINEERING EXPERIENCE ENTAILS: _____

I HAVE ATTENDED THE FOLLOWING TWO CLUB MEETS 1) _____

2) _____

I AM A MEMBER OF THE FOLLOWING ORGANISATIONS CONNECTED ACTIVITIES: _____

I ACCEPT THAT CLIMBING AND MOUNTAINEERING ARE ACTIVITIES WITH DANGER OF PERSONAL INJURY OR DEATH. I AM AWARE OF AND SHALL ACCEPT THESE RISKS AND WISH TO PARTICIPATE IN THESE ACTIVITIES VOLUNTARILY AND SHALL BE RESPONSIBLE FOR MY OWN ACTIONS AND INVOLVEMENT. I UNDERSTAND THAT CLUB BMC INSURANCE COVER RUNS FROM MARCH EACH YEAR. I AGREE TO ABIDE BY THE RULES AND CONSTITUTION OF THE MMC.

SIGNED: _____ DATE: _____

NOT TO BE FILLED IN BY APPLICANT

PROPOSED BY: _____ DATE: _____

SECONDED BY: _____ DATE: _____

ACCEPTED

SIGNED (CHAIRPERSON): _____ DATE: _____

MMC IS A MEMBER OF BRITISH MOUNTAINEERING COUNCIL.

MORE INFORMATION ABOUT THE CLUB IS AVAILABLE AT www.mercianmc.co.uk