

MEMBERSHIP APPLICATION FORM
MERCIAN MOUNTAINEERING CLUB



APPLICANT DETAILS

Name:

Date of birth:

Email:

Phone Number:

Address:

NEXT OF KIN DETAILS

Name:

Phone Number:

Email:

Relationship:

Address:

MOUNTAINEERING EXPERIENCE

My mountaineering experience entails:

MERCIAN MEETS HISTORY

I have attended the following two Mercian Mountaineering Club meets:

1.

2.

OTHER ORGANISATIONS

I am a member of the following organisations that are related to mountaineering:

DECLARATION

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 THE CLUB BMC INSURANCE COVER RUNS FROM MARCH EACH YEAR. I AGREE TO ABIDE BY THE RULES AND CONSTITUTION OF THE MERCIAN MOUNTAINEERING CLUB.

Signed:

Date:

FOR INTERNAL USE - TO BE FILLED IN BY THE CLUB SECRETARY

Proposer (Date):

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Secunder (Date):

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