

Castle Mountaineering Club (Sheffield)

Membership Application Form

Personal Details

Name: _____

Address _____

_____ Post Code _____

Home Tel. _____ Mobile Tel _____

Email _____

BMC membership (if applicable) _____ Date of birth _____

CMC meets attended

Venue _____ Date _____

Venue _____ Date _____

Personal Statement

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

I agree to the conditions and rules of the club (as attached)

I also agree to my personal details being held by the club, to being distributed on the club address list and being passed to third parties to effect membership discounts and the BMC to secure affiliate membership/3rd Party insurance.

Any details/lists of other members held by me will be destroyed once they become obsolete.

Signature of applicant _____ Date _____

Signature of Proposing Member _____

Signature of the Seconding Member _____