

Cioch Mountaineerina Club Dunfermline Membership Application Form 2023/24



(A member of the Mountaineering Scotland #)

		te and return with	subscription	on to the Me		retary.	
First Names					Address		
Surname					Town		
Email					Postcode		
Mobile							
Emerger	ncy Cont	act information					
First Names					Address		
Surname					Town		
Relationship							
Mobile			Home				
			you do not wish to supply this addition Registered Disability*				quested by the MS, on:]
Gender*			Registered Disability				
Date of Birth*			Disability*				
Ethnic Origin*							
Declaration: - I accept that mountaineering, hill walking and climbing are potentially hazardous activities and understand the risks involved. I acknowledge that the Cioch Mountaineering Club Dunfermline accepts no liability for injury or damage to persons, property or possessions whilst engaged in these activities with the club or at any other time. I give permission for my details to be added to the club contact list for the use of club members only. Yes / No (Delete as required). I confirm that I am covered by third party Insurance by virtue of being a member of the following Club:							
			Insur	ance Premi			
Members	ship Rec	eived by:					