



Cioch Mountaineering Club Dunfermline **Membership Application Form 2020/21**

(A member of the Mountaineering Scotland #)



Please complete and return with subscription to the Membership Secretary.

| | | | |
|-------------|--|----------|-------------------------|
| First Names | | Address | |
| Surname | | Town | |
| Email | | Postcode | |
| Mobile | | Home | Previous Membership No. |

Emergency Contact information

| | | | |
|--------------|--|----------|--|
| First Names | | Address | |
| Surname | | Town | |
| Relationship | | Postcode | |
| Mobile | | Home | |

[# Please note that as affiliated members to the Mountaineering Scotland details marked * will be passed to them for Third Party Insurance purposes, the additional details below are now also requested by the MS, please mark "D/A" if you do not wish to supply this additional information:]

| | | | |
|----------------|--|------------------------|--|
| 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:..... and therefore wish to pay my membership fee less the current MS Insurance Premium.

Signed:-..... Date:-.....

Membership Received by:-..... New Membership No.: