



Chester Mountaineering Club

Application Form For Associate Membership

I (name) _____

Of (address) _____

Postcode _____

Telephone No. _____

Mobile No. _____

E-mail address(es) _____ (for receiving the newsletter)

Date of Birth _____

Age _____ years

Apply for associate membership of the Chester Mountaineering Club

I acknowledge receipt of the clubs' rules and agree to be bound by them. I accept that climbing and mountaineering are activities with a risk of personal injury or death. I am aware of and accept these risks and wish to participate in these activities voluntarily and shall be responsible for my own actions and involvement.

I confirm that I am at least 18 years old

I confirm that I have no objection to my membership details being held on computer, or to those details being disclosed under such circumstances as are agreed by the Committee (e.g. to the British Mountaineering Council or to affiliated clubs).

I enclose a cheque for £20 (*Cheques made Payable to Chester Mountaineering Club*)

Signed _____ Date _____

Please complete and return to the CMC membership secretary.

Jim Jones
22 Kelvin Grove
Newton
Chester
CH2 2EL