



LMC Membership Application Form

Full Name			
Address			
Post Code			
Tel (daytime)		Tel (evening)	
Tel (Mobile)		Over 18? (Yes/No)	
E-mail address			
Contacts Directory	The club newsletter contains a members contact list showing members names, status (prov/full) and your choice of: EMAIL, PHONE, BOTH or NONE (please select one)		
Please provide a resume of your mountaineering experience including membership of other clubs:			
Please list below any medical problems or disabilities that fellow club members on a meet should know about (eg diabetes, epilepsy etc.) If none, then please state none:			
I acknowledge receipt of a copy of Leeds Mountaineering Club's Members' Handbook containing the Constitution and rules and agree to be bound by them. I accept that climbing and mountaineering are activities with a 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.			
Signed			Date
Signature of Parent or Guardian if under 18 years			Date
<i>Membership Fees Paid</i>	<i>Amount</i>	<i>Date</i>	<i>Meets Attended</i>
<i>Prospective</i>			1.
<i>Full</i>			2.
			3.