



SHREWSBURY MOUNTAINEERING CLUB APPLICATION FOR MEMBERSHIP

FORENAME: _____ SURNAME: _____

ADDRESS: _____

E-MAIL: _____ POSTCODE: _____

TEL: _____

Proposed (Name): _____ Seconded (Name): _____

Sign and date _____

WHERE DID YOU HEAR ABOUT US: _____

PLEASE NOTE

Applicants must be 18 years of age or above. Associate membership of the BMC, and its insurance cover, does not commence at the time of joining SMC; but will become effective at the next quarterly update of new members forwarded to the BMC. Currently these are February, May and September.

After an appropriate introductory period, your application will be discussed at a committee meeting. Committee meetings are held on the first Monday of every month. If approved by the Committee, you will then be asked for the subscription fee.

DISCLAIMER: Climbing, mountaineering and associated sports are activities with a danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement. Coordinators of club meets cannot be held responsible for the safety of other members taking part.

Privacy statement: As a member of the SMC your contact details will be shared with members who have a legitimate interest. Our full privacy statement is available on request.

If you do **NOT** agree your details being shared, please tick this box

As part of your insurance cover your details will be sent to the BMC. Their privacy statement can be found at: www.thebmc.co.uk/privacy

SIGNED: _____ DATED: _____

PARTICULAR AREAS OF INTEREST (please tick)

Rock Climbing Mountain/Hill Walking Mountain Biking Fell Running
Winter Climbing Alpine Climbing Skiing Other: _____

RELEVANT EXPERIENCE: _____

