



Cork Mountaineering Club

Cumann Sléibhteoireachta Chorcaí

MEMBERSHIP APPLICATION FORM

Name: _____

€50.00 Full Membership Fee

Address: _____

€20.00 Associate Member Fee _____

MI affiliated Club: _____

MI Card Number: _____

E-mail: _____

Phone: _____

Gender: F / M (please circle)

Date of Birth: _____

Please list here the two CMC Club walks you have completed.

Walk 1: _____

Date: _____

Walk 2: _____

Date: _____

Proposer: _____

Secunder: _____

(a member of at least one year's standing)

(a current committee member)

- I confirm that I am over 18 years of age.
- I confirm that I have read, understand and agree to be bound by Cork Mountaineering Club's Constitution and policies.
- I accept that mountaineering is an activity 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. I shall be responsible for my own actions and involvement.

Signature of Applicant: _____

Date: _____

NOTES: Membership fees include public liability insurance (full details on www.mountaineering.ie)
The personal accident element in this type of insurance does not apply to over 75s.

Completed application forms with appropriate fee, to the Membership Secretary:

Jill O'Leary

Upper Sleaveen East

Macroom

Co CORK

