**Peaks Mountaineering Club**

Application for Club Membership 2021-2022

The following to be completed and returned to the treasurer: **Tom O’Dwyer, 7 New Toberaheeena, Clonmel, Co. Tipperary** or any committee member, together with subscription of €50. Subscription includes Mountaineering Ireland affiliation fee, insurance and subscription to the *Mountain Log* magazine. Membership forms must be completed each year to comply with both insurance and GDPR requirements and in order to keep club records up to date.

***Please note that, for insurance reasons, the club cannot facilitate non-members on walks other than for an initial three trial walks before committing to membership. If you have a problem, medical or otherwise, please inform the walk leader prior to participating in the walk.***

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EirCode: \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_**

**Phone (h): \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_**

**Mobile: \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_**

**Email: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ ­­\_\_**

**Consent:** I agree to this data being shared with Mountaineering Ireland for the sole propose of registering my membership: **NO** \_\_  **YES ­\_\_**

**DoB:** (this date will act as a password to your MI registration) \_ \_ / \_ \_ / \_ \_ \_ \_ The above named, being 18 years of age or over, hereby applies for membership of the **Peaks Mountaineering Club**, **Clonmel**. I agree to be bound by the club’s constitution and rules and I accept that mountaineering and hillwalking are activities with a danger 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.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. **Date: \_\_ / \_\_/ \_\_ \_\_ \_\_ \_\_**

**Capitals: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** .