

Skerries Walking Club

Membership application form 1st November 2020 to 31st October 2021 (new members can join from 1st September 2020)

Please complete form in BLOCK CAPITALS. Make payment to Skerries Walking Club, Progressive Credit Union, Thomas Hand Street, Skerries, Co. Dublin. **BIC:BLCUIE21 IBAN:IE83BLCU99102411185186**. You must include your name in the narrative so we know the lodgement is from you. Then email completed form and proof of payment to skerries.walking@gmail.com. If you need to send form/payment by post, please contact skerries.walking@gmail.com for further details.

Contact Details

First Name		Last Name	
Address Line 1			
Address Line 2			
Town		County	
Eircode	Male / Female	Phone Number	
Date of Birth (if under 23)		Mountaineering Ireland (MI) Number	
e-mail address			

Circle appropriate payment amount

Full Membership	New €50	Renewal €40
Associate Membership (only available if fully paid up member of another club – MI number required above)	New €15	Renewal €15

Circle appropriate answer

1	I wish to receive Skerries Walking Club (SWC) Newsletter by email	Yes / No
2	I give permission for SWC to register my details with Mountaineering Ireland	Yes / No
3	I would like to receive information via email from Mountaineering Ireland to keep up to date with news and information	Yes / No
4	I give permission for Mountaineering Ireland to contact me by phone (e.g. if there is a problem with email or postal address)	Yes / No
5	I wish to receive Mountain Log Magazine by post from Mountaineering Ireland (Associate Members do not need to answer this question)	Yes / No

Declarations

- I am aware, and accept, that hillwalking and/or mountaineering is an activity with an inherent risk of personal injury or death.
- I confirm that I participate in these activities voluntarily.
- I accept that I shall be responsible for my own actions and involvement.
- I confirm that I am over 18 and understand that organised walks are only for those over 18 unless otherwise advised by the club committee.
- The club's activities may be of a strenuous nature. I accept that it is my responsibility to check with my doctor regularly if I have a medical condition and obtain his/her consent to participate in club activities where necessary.

Occasionally, photographs/videos which may include your image taken during club activities, are posted to the Club Website/other Social Media by members. Unless you inform the club otherwise it is taken that you do not object.

By returning this completed form I confirm that I have read and understood the privacy statement and how data will be used and shared and I am willing to abide by the club rules & regulations at all times.

Signature

Date