

SWINDON MOUNTAINEERING CLUB
(Affiliated to the British Mountaineering Council)



If the applicant is under the age of 18 the Legal Guardian (who must be a member of the SMC) should complete this form.

In joining the SMC you consent to your name and address being passed to the BMC for insurance purposes.

I (full name)
of (address)
.....
..... Post Code:
Age and date of birth (if under 18 years)
apply for membership of Swindon Mountaineering Club.

For the purposes of communication the Club also holds details of telephone numbers and email addresses. If you do not wish us to hold this information please leave the following section blank. If you do not wish this information to be circulated to other members please tick this box.

Home tel: Work tel:
Mobile tel: Email Address:

I acknowledge receipt of a copy of the Club's 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:

Witnessed by: Date:
(Committee Member)

Who can be contacted in case of emergency:
(not another member of the Club)

Emergency contact tel:.....

New Members - Where did you hear of Swindon Mountaineering Club?

Full Name and Address of Legal Guardian:
.....
.....
.....

Signature of Parent or Guardian (if applicant is under 18 years)

Signed: Date: