



## Membership Application Form

Year: \_\_\_\_\_ (1st Nov - 31<sup>st</sup> Oct)    Member Type:     New     Existing

Name: \_\_\_\_\_

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

Tel. No.: \_\_\_\_\_    Mobile: \_\_\_\_\_

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

### Family Contact Details \*

Name: \_\_\_\_\_    Relationship: \_\_\_\_\_

Tel No.: \_\_\_\_\_

I wish to join as an:

Full Member\*\* (€50 / annum)     Associate Member\*\* (€21 / annum)

If joining as Associate Member please complete

MCI membership No \_\_\_\_\_ MCI Club \_\_\_\_\_

\*    *Family contact details in case of emergency.*

\*\*    *Associate Member is for those who are already MCI members with another club and who wish to join LCC club walks and get information on the club's activities*

### Please Note:

- The Committee or any fellow member of the Limerick Climbing Club will not accept any liability for injuries or damages to person or property sustained in the activities of the club. Members who have paid full membership are insured for hill walking in Ireland through the Mountaineering Council of Ireland (MCI) insurance scheme.
- Members are strongly advised to obtain personal insurance if participating in other activities associated with this club i.e. for trips abroad or camping etc.
- Hill walking can be a strenuous activity; before you embark on a new physical activity programme you should seek advice from your doctor.

### Declaration:

I wish to apply for membership of the Limerick Climbing Club. I have read and understand the above notes and the club policies (please refer to the club website at [www.limerickclimbingclub.ie](http://www.limerickclimbingclub.ie) or contact the club secretary for details).

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please complete and return this application form along with the appropriate fee to the Club secretary. If posting please contact the secretary by e-mail for details of the current club postal address.