

Kendal Fellwalkers

APPLICATION FOR MEMBERSHIP

Name* _____

(*The name by which you wish to be known and under which you wish to be listed)

Address _____

Postcode _____

Telephone _____

Mobile _____

e-mail _____

I apply for membership of Kendal Fellwalkers and enclose my subscription of £5.00 (valid until 31.12.2010).

I acknowledge receipt of copies of the Club's Constitution, Rules and Safety Guidelines and I agree to be bound by them.

I recognise that hill walking and associated activities carry risks of personal injury or death. I am aware of and accept the risks. I wish to participate in these activities voluntarily and shall be responsible for my own actions, involvement and safety.

Signed _____

Date _____

In order to help in the running of the club, information on this form may be stored in an electronic retrieval system. The information will not be sold, hired, given or lent to any third party, except that it may be made available to the Club's insurers.

Please return this form and your payment to the Secretary:

Stuart Marshall
36 Greenwood
Kendal
LA9 5ED

Tel: 01539 733571

e-mail: smarshall@ktdinternet.com