



# Paisley Hillwalking Club

## Membership Form

DO NOT WRITE IN THIS BOX

Committee Member \_\_\_\_\_

Date Joined \_\_\_\_/\_\_\_\_/\_\_\_\_

Please complete this form in BLOCK CAPITALS

Name: Mr/Mrs/Miss/Ms \_\_\_\_\_

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

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_

Tick box if you wish newsletters etc sent by e-mail only

Date of Birth \_\_\_\_\_

Next of Kin: Mr/Mrs/Miss/Ms \_\_\_\_\_

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

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Medical Information

Please include temporary and permanent conditions, allergies, phobias or strong fears

### Previous Experience

Please outline in brief, including any relevant qualifications

Data protection: Paisley Hillwalking Club uses computerised databases and record keeping. Information supplied on this form will not be sold or given to outside organisations without your prior consent.

I agree to abide by the Constitution of Paisley Hillwalking Club

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



### Paisley Hillwalking Club Membership Receipt

£ \_\_\_\_\_ Received from \_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Committee Member \_\_\_\_\_