



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 _____