



Chinese Mountain Club of New York (CMCNY)

<http://www.cmcny.org>

Membership Application Form

1. Full Name _____ 2. Sex _____ 3. E-mail: _____
First last

Family Membership: Spouse _____ E-mail: _____
First Last

Child(ren) /age (s) _____

4. Mailing Address

Street: _____ Apt # _____

City: _____ State /Zip _____

5. Phone Numbers: Work/Home () _____ Mobile () _____

6. Age Group: [] < 20 [] 20 - 40 [] 41 - 60 [] 60+

7. Interests:

[] Hiking [] Camping [] Biking [] Canoeing [] Backpacking [] Jogging
[] Other (please specify): _____

8. What types of volunteer work that you are interested?

[] Trip Leading [] Newsletter Publishing [] Bookkeeping [] Public Relations
[] Web site maintenance [] Other [] Not interested at this time

9. Please select your membership type:

[] 1 Year Individual Fee: \$12.00 [] 1 Year Family Fee: \$20.00
[] 5 Year Individual Fee: \$50.00 [] 5 Year Family Fee: \$90.00

10. Emergency Contact (Name/ address/ phone) :

Annual Membership Term starts on the first day of January to the thirty-first day of December of each calendar year. New members joining after the first day of October would start their membership on the year of joining and their annual membership term ends on the thirty-first day of December of the following year.

All memberships are subject to the approval of the Board of CMCNY. CMCNY does not discriminate based on age, race, creed, sex or national origin. Members agree to abide by the Bylaws and policies of CMCNY, subject to change, and the instructions of the trip leaders. If the applicant is under the age of 18, a parent or guardian as well as the applicant MUST sign.

Release and Assumption of Risk: I (We) understand that during outing(s) of which I (we) participate under arrangements of CMCNY and its agents, certain risks and dangers may arise, including but not limited to the hazards of traveling in the wilderness, the forces of nature, accident and illness. In consideration of the right to participate in these outing(s), I (we) have and do hereby assume all foreseen and unforeseen risks associated with the outing(s) and to the fullest extent allowed by law, I (we) will hold CMCNY, its agents, its trip leaders, its officers and board of directors harmless from and defend them against any and all liability actions, suits, claims and demands which could arise out of the outing(s). This Agreement shall serve as an absolute release and assumption of risk for myself (ourselves) and my (our) heirs, administrators, executors, and for all members of my (our) family including any minors accompanying me (us).

I (We) represent I am (we are) in good general health, have good exercise tolerance and free of any physical and/or medical restrictions to participate in the outing(s). I (We) understand that neither CMCNY nor its agents, trip leaders and/or volunteers are medical providers, and medical services may not be available while I am (we are) participating in the outing(s).

The outings officially begin and end at the location designated by CMCNY, and DO NOT include carpooling, transporting, or transit to and from the outing(s). I (We) fully understand and acknowledge I am (we are) personally responsible for all risks associated with this travel.

Applicant's Signature and Date

Applicant's Signature and Date

PLEASE MAKE CHECK PAYABLE TO: Chinese Mountain Club of New York, Inc

Mailing Address: CMCNY, PO BOX 295 New York, NY 10163

Form Rev 20110925

Visit us on the web: <http://www.cmcny.org>