1.	Full Name 2. Sex
3.	Date of Birth/
4.	Mailing Address:
	Street Number: Apt #
	City: State /Zip
5.	Telephone Numbers: Work () Home ()
6.	E-mail Address:
[<pre>Interests: Hiking [</pre>
[What types of volunteer work that you are interested? Trip Leading
]]]	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
rac	memberships are subject to the approval of the Board of the Club. The CMCNY does not discriminate because of e, creed, sex or national origin Members agree to abide by the Bylaws of the Club and the instructions of the trip ders. Members agree to honor Club policy.
Yor	ment of dues constitutes agreement of those signed below with the policies of the Chinese Mountain Club of New k including the following LIABILITY WAIVER STATEMENT, which MUST be signed by all persons age 18 and er who wish to belong to the CMCNY under this application. If this is an application for JUNIOR membership, a ent or guardian as well as the applicant MUST sign.
(ou act inju am	m (We are) aware of the risk inherent in outdoor activities. Therefore I (we) will be responsible for my r) own well-being while participating in the activities of the CMCNY, and while traveling to and from these vities. I (We) agree that the CMCNY, its officers, representatives and trip leaders shall not be liable for an Iry, loss or damage to my (our) person(s) or property, direct or consequential, arising out of the Club. If I a parent or guardian (if we are parents or guardians in a family membership, I (we) agree to assume this ne responsibility for my (our) minor children"
 Par	ticipant's Signature and Date
 Par	ticipant's Signature and Date
PL	EASE MAKE CHECK PAYABLE TO: Chinese Mountain Club of New York

PLEASE MAKE CHECK PAYABLE TO: Chinese Mountain Club of New York Mailing Address:
CMCNY

PO BOX 473 New York, NY 10150