

**PRAIRIE MOUNTAINEER HIKERS  
2023 MEMBERSHIP APPLICATION**

**IMPORTANT: Application AND [WAIVER](#) can be**

**scanned and e-mailed to: [new\\_membership@prairiemountaineers.ca](mailto:new_membership@prairiemountaineers.ca)**

**or mailed to: Prairie Mountaineer Hikers: 95 Sunhaven Close SE, Calgary, AB T2X 2W2**

Fees can be paid by Paypal (**preferred**). After processing your application, you will receive an e-mail explaining how to pay through Paypal. Or Less Preferred Option: Cheque (payable to Prairie Mountaineer Hikers) sent to the address above.

**Please be sure to read and SIGN THE [WAIVER](#) BEFORE A WITNESS**

**UNIT MEMBERSHIP:**    ☐ **SINGLE (\$20/year)**    ☐ **FAMILY \* (\$27/year)**

- A FAMILY membership is two or more persons sharing a common address. Each person over 18 sharing a membership must individually read and sign the Risk Acknowledgment, Acceptance of Self Responsibility and Waiver of Claim. The application will not be acted upon until this requirement is met.

**TOTAL OWING**

**PERSONAL INFORMATION (all information mandatory unless otherwise noted).**

<b>NAME (LAST):</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<b>(FIRST):</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
<b>ADDRESS:</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	
<b>CITY/PROV:</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<b>POSTAL CODE:</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
<b>HOME PHONE:</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<b>PRINTED E-MAIL:</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
<b>CELL PHONE:</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	

**ADDITIONAL FAMILY MEMBER(S) NAME(S)**

1.	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
2.	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
3.	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>

**EMAIL**

<div style="border: 1px solid black; height: 25px; width: 100%;"></div>
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**EMERGENCY CONTACT**

<b>NAME:</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<b>PHONE:</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
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**PAYMENT**

<input type="checkbox"/> <b>Cheque by mail</b>	<b>Date:</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
<input type="checkbox"/> <b>PayPal via link</b>	<b>Date:</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>

**APPLICATION & [WAIVER](#)**

<input type="checkbox"/> <b>Send by mail</b>	<b>Date:</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
<input type="checkbox"/> <b>Scan &amp; email</b>	<b>Date:</b> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>

THE UNDERSIGNED AGREES THAT THE "INFORMED CONSENT, RISK ACKNOWLEDGEMENT AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT" AND THE PMH MEMBER GUIDELINES AND POLICIES FORM PART OF THIS APPLICATION AND ARE INCORPORATED BY REFERENCE.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 202\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of 2<sup>nd</sup> Applicant

\_\_\_\_\_  
Printed Name of 2<sup>nd</sup> Applicant

Please checkmark your preferences:    ☐ weekday-hikes,    ☐ weekend-hikes,    ☐ day-hikes,    ☐ multi-day-hikes,  
☐ city-hikes,    ☐ summer,    ☐ winter.

How did you find out about PMH?