

**PRAIRIE MOUNTAINEER HIKERS  
2024 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> <input style="width: 95%;" type="text"/>	<b>(FIRST):</b> <input style="width: 95%;" type="text"/>
<b>ADDRESS:</b> <input style="width: 98%;" type="text"/>	
<b>CITY/PROV:</b> <input style="width: 95%;" type="text"/>	<b>POSTAL CODE:</b> <input style="width: 95%;" type="text"/>
<b>HOME PHONE:</b> <input style="width: 95%;" type="text"/>	<b>PRINTED E-MAIL:</b> <input style="width: 95%;" type="text"/>
<b>CELL PHONE:</b> <input style="width: 95%;" type="text"/>	

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

1.	<input style="width: 95%;" type="text"/>
2.	<input style="width: 95%;" type="text"/>
3.	<input style="width: 95%;" type="text"/>

**EMAIL**

<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>

**EMERGENCY CONTACT**

<b>NAME:</b> <input style="width: 95%;" type="text"/>	<b>PHONE:</b> <input style="width: 95%;" type="text"/>
---	--

**PAYMENT**

<input type="checkbox"/> Cheque by mail	<b>Date:</b> <input style="width: 100%;" type="text"/>
<input type="checkbox"/> PayPal via link	<b>Date:</b> <input style="width: 100%;" type="text"/>

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

<input type="checkbox"/> Send by mail	<b>Date:</b> <input style="width: 100%;" type="text"/>
<input type="checkbox"/> Scan & email	<b>Date:</b> <input style="width: 100%;" type="text"/>

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?