

AMC Membership Application Form

(Please print. Year of birth is MANDATORY.)

Name: _____ Date of Birth: (M/D/Y) ____ / ____ / ____

Address: _____ Today's date: (M/D/Y) ____ / ____ / ____

City: _____ State: _____ Zip: _____ Primary* Phone: (____) _____

Secondary Phone: (____) _____

Other Phone: (____) _____

*Note: The primary phone number is the number you want us to use for AMC business.

E-mail address: _____

Emergency Contact (Name and Phone number): _____

Privacy options:

The AMC does not provide member phone and address information to anyone outside the AMC. However, we do provide member addresses upon request from other members for such non-commercial purposes as Christmas card lists and, party invitation lists. The AMC also publishes a phone number list to allow members to contact each other about AMC-related activities.

Please **do not** include me on AMC address lists

How did you find out about the Club? _____

I would be interested in helping with the Club functions/committees checked below:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Programs | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Equipment Management | <input type="checkbox"/> Other (list): _____ |
| <input type="checkbox"/> Outings | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Stewardship / Conservation | _____ |
| <input type="checkbox"/> Climbing Access | <input type="checkbox"/> Trail Maintenance | <input type="checkbox"/> Membership | _____ |
| <input type="checkbox"/> Library | <input type="checkbox"/> Training & Schools | <input type="checkbox"/> Web site | _____ |