



# BLACKROCK HILLWALKING CLUB 2023-24 –

## Abbreviated form for RENEWAL only

*“Competence and Independence on the Hills and Mountains”*

(Please use **BLOCK CAPITALS** for all)

Welcome to Blackrock Hillwalking Club. To ensure we have the correct contact details for you, please fill out this form and return **with payment** to Club Treasurer.

### SECTION A: Member Details

First Name		Surname	
		EIRCODE	

- My address has not changed
  - My email has not changed
  - My mobile number has not changed
  - I commit to completing the Member information card and to carrying it with me on hikes. This has my full contact information, up to date medical information and my emergency contacts.
  - I am aware of and accept the clubs Policy on Photography and Video consent. (See website for full policy)
  - I am aware of and accept the club Privacy statement and options on communication. (See website for full policy)
  - I am aware of and accept the clubs policy on sharing data with Mountaineering Ireland (See website for full policy)
- If details have changed, please use the full membership form.

### SECTION B: Type of Membership

You must be a member of Mountaineering Ireland to be a member of Blackrock Hillwalking Club. If you are already a member of Mountaineering Ireland through another club, you need only pay for associate membership.

- Full Membership incl. MI Membership: € 55.00 (Couples €100) Amount €..... Cash
  - Associate Membership: € 25.00 MI Member number ..... Cheque
  - I wish to make an additional voluntary contribution of €..... to Mountain Rescue. Online
- Contributions will be split between Kerry Mountain Rescue and South Eastern Mountain Rescue.

Please use Online banking : IBAN IE94AIBK93434815918296, BIC AIBKIE2D and put your name in the comment field.

If paying by cheque, it should be payable to Blackrock Hillwalking Club.

### SECTION H: Membership Agreement

I accept that hillwalking and scrambling and other associated activities, are activities with a danger of personal injury or death. I am aware of and accept these risks. I wish to partake in these activities voluntarily and undertake to be responsible for my own actions and involvement with the club or club members. I confirm that I do not suffer from any disability or medical condition that may render me unfit for strenuous exercise. I have read and agree to abide by the club rules and constitution

Signature		Date	
-----------	--	------	--

Please send the completed form to E Roberts WINDY HEIGHTS, BALLINCOLLIE ROAD, DUBLIN PIKE, CO. CORK, T23 RX06.

For any other details, please email [info@blackrockhillwalkingclub.ie](mailto:info@blackrockhillwalkingclub.ie)