



Cambridge Climbing and Caving Club Membership Form

Title: **First Name:** **Initials:** **Surname:** **Hons:**

Address: **Home Tel.:**
Work Tel.:
Mobile Tel.:

Town:
County:
Post code:

Email1: **Subscribe to mail list:**
Email2: **Subscribe to mail list:**

Date of Birth: **Sex: M / F**

I am happy for my contact details to be made available to members of the Cambridge Climbing and Caving Club in a paper format: **Yes / No**

Activity: Climber / Caver

Signed: **Date:**

Additional voluntary information

Medical information. Medical conditions or drugs you are taking that we should be aware of. (**Note:** This information is voluntary and will be stored on the Club database and will only made available to committee member or trip organiser as required).

Blood Group:

In case of emergency please contact.

Name: **Relationship to you:**

Address: **Home Tel.:**
Work Tel.:
Mobile Tel.:

Post code:

Data protection: Information on this form will be stored on a computer for administration of the Club. Contact details will be supplied to both the British Mountaineering Council (BMC) and the British Caving Association (BCA) and to all Club members unless specifically requested not to do so.

Official use only

Amount Paid: Receipt Num: Membership type: Cave / Climb / Temp

Temp. memb. start date: Temp memb. end date:

Added to Database: Date: