



MOUNTAIN WEST OUTDOOR CLUB

2024 NEW MEMBER APPLICATION

WOULD YOU PREFER TO APPLY ONLINE? Go to www.mwocid.org, click on **Become a Member**, and follow the instructions on the screen. Contact the club at MWOCID@gmail.com if you have questions.

1

MEMBERSHIP LEVEL:

- ANNUAL (JAN.-DEC.) DUES ARE \$20.00 PER PERSON** and due January 1 of each year. This covers overhead costs (POB, rentals, supplies, licenses) and the cost of the annual catered picnic.
- FALL ENROLLMENT (SEP.-DEC., FIRST YEAR ONLY) DUES ARE \$10.00 PER PERSON.** This covers overhead costs (POB, rentals, supplies, licenses).

2

ALL MEMBERS MUST SIGN THE FOLLOWING WAIVER (TERMS OF USE): *"As a member of Mountain West Outdoor Club, Inc. (MWOC), I certify that I am physically and mentally capable of participating in and completing the MWOC activities that I attend. In order to assure the safety of myself and other members, I may be required to supply medical documentation of my fitness to so participate. I understand and accept that MWOC activities are NOT led by professional guides. I hereby agree to defend, indemnify, and hold MWOC and its members harmless from and against any loss, damage, liability, suit, claim, cost or expense, including, but not limited to, reasonable attorney's fees arising from or relating to any injury to my person or property sustained as a direct result of my participation in any MWOC activity. This release and hold harmless shall be binding upon my heirs and representatives."*

PRINT NAME(S) 1. _____ 2. _____

SIGNATURE(S) 1. _____ 2. _____ **DATE** _____

3

PLEASE FILL IN YOUR CONTACT INFORMATION: Please print clearly:

Name(s) 1. _____ 2. _____

Street _____ City _____ State _____ Zip _____

Primary Phone 1 (_____) _____ E-MAIL 1 _____

Primary Phone 2 (_____) _____ E-MAIL 2 _____

Emergency contact name: _____ phone# _____

4

I WOULD LIKE TO PARTICIPATE IN: Backpacking____ Hiking____ Kayaking/canoeing____ Camping____
Hot Springs____ Skiing____ Snowshoeing____ Other____ I am willing to lead _____

5

Send completed form with check to: MWOC, PO BOX 6815, BOISE, ID 83707.