

MOUNTAIN WEST OUTDOOR CLUB

2024 MEMBER RENEWAL FORM



WOULD YOU PREFER TO RENEW ONLINE? Go to www.mwocid.org, login with your email address and password, and go to your Member Profile by clicking on your name in the upper left-hand corner. Don't have a password? Click on Forgot Password, and follow the instructions in the message emailed to you.

1

ANNUAL DUES ARE \$20.00 PER PERSON and due on January 1 of each year. This covers overhead costs (POB, rentals, supplies, licenses) and the cost of the annual catered picnic. Unless you have arranged otherwise, newsletters will be sent to your email address.

2

ALL MEMBERS MUST READ THE FOLLOWING TERMS AND CONDITIONS. PAYMENT OF DUES

CONSTITUTES ACCEPTANCE OF TERMS AND CONDITIONS: *"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. _____

DATE

EMERGENCY CONTACT: _____ **PHONE:** _____

3

STOP WRITING HERE IF YOU HAVE NO CHANGES TO YOUR PERSONAL INFORMATION. Please give the completed form and your dues payment to the Treasurer or mail to the POB shown at the bottom on this form.

4

IF YOU HAVE CHANGES TO YOUR PERSONAL INFORMATION, before submitting this form, please fill in **just the information that has changed.** Please print clearly:

Here is my NEW...

Name _____

Street _____ City _____ State _____ Zip _____

Primary Phone (_____) _____ E-MAIL _____

5

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