

Evagorix Wave and Range Club Application

Name(s): _____ Phone: _____ Age: _____

Address: _____

E-Mail: _____

<p>Activity Interests:</p> <ul style="list-style-type: none">• <input type="checkbox"/> Hiking• <input type="checkbox"/> Trail Running• <input type="checkbox"/> Kayaking• <input type="checkbox"/> Canoeing• <input type="checkbox"/> Camping• <input type="checkbox"/> Swimming/Free Diving• <input type="checkbox"/> Snowshoeing• <input type="checkbox"/> X-Country Skiing• <input type="checkbox"/> Naturalist• <input type="checkbox"/> Cultural• <input type="checkbox"/> Other <p>Desired Trip Lengths/Types:</p> <ul style="list-style-type: none">• <input type="checkbox"/> Half Day Trips• <input type="checkbox"/> Day Trips• <input type="checkbox"/> Multi Day Trips• <input type="checkbox"/> Easy Social Trips• <input type="checkbox"/> Fitness Capacity Trainings• <input type="checkbox"/> Challenging Trips• <input type="checkbox"/> Instructional Classes	<p>Membership Fees</p> <p>Memberships are annual from May 1 to April 30. Please indicate the amount paid:</p> <ul style="list-style-type: none">• Single - \$25.00 _____• Students - \$20.00 _____• Couple - \$45.00 _____• Families - \$45.00 + \$18.00 for each additional person 16 years or older _____ <p>Make cheques payable to the Evagorix Wave and Range Club and mail to:</p> <p>Kaye Remi Hope PO Box 167 Mansons Landing, BC V0P 1K0</p> <p>OR</p> <p>Payment can also be made by e-transfer to: kayeremihope@gmail.com</p>
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I have read and signed the Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement and am familiar with Club guidelines:

Signature(s): _____ Date: _____

Signature(s): _____ Date: _____

Parent/guardian signature (if under 19): _____ Date: _____

Privacy

Your name, address, phone number, and e-mail address are collected for purposes of communicating Club information. This is not shared with any other organization or business except the Federation of Mountain Club of BC for their record of our membership and Liability Insurance.