



Skyline Hikers of the Canadian Rockies

Membership Form

Name *(first & surname in full)* _____

Postal Address: *(street / P.O. Box)* _____

(city / town) _____

(province / state) _____

(postal code / zip) _____

(country) _____

E-mail Address: _____

Telephone: _____

Additional Family Members *(must reside at same residence as principal member)*

Name and E-mail Address:

1. _____

2. _____

3. _____

Membership Fee

Principal Member (\$20.00 annual)

Additional Family Member(s) (add \$10.00, maximum \$30.00 per family)

Life-time Membership (\$200.00, must have attended 3 camps to qualify)

Total Remitted : _____

Memberships are valid until June 30th of the following year.

Make cheques payable to **Skyline Hikers of the Canadian Rockies**

E-mail: registrar@skylinehikers.ca

Phone: 1-866-445-3774 *(toll free)*

Privacy Statement & Personal Information Release Policy:

The information provided on this form is for the sole use of the Skyline Hikers of the Canadian Rockies (SHCR) in administering the affairs of the organization, and is only accessible by SHCR Executive Committee members on a need-to-know basis. The SHCR membership list is not sold, loaned, rented or otherwise given to other organizations, businesses or individuals.