

# HOTROCK CLIMBING WALL

## MEMBERSHIP APPLICATION FORM

Name: .....

Address: .....

.....

.....

.....

Date of Birth (if under 18): .....

Postcode: .....

Tel: ..... (Home)

..... (Work)

e-mail: .....

Category of Membership (please circle):

Adult      Discounted\*      Under 14

Proof of category provided:      Yes    No    (*Delete as Appropriate*)

Independent Wall Users Test Completed    Yes    No    (*Delete as Appropriate*)

Completed by: .....      *Name*

.....      *Signed*

.....      *Date*

Membership number:

Membership Card Issued by: .....

Date: .....