BISHOPSTOWN HILLWALKING CLUB (BHC) Membership Application Form 2023-2024

NAME (print):	
POSTAL ADDRESS (print):	
(ii) can be a strenuous activity which If a walker has health issues it would be ad	ersonal injury or death. I am aware of and accept these risks. It requires a high level of fitness depending on the walking grade. Visable to seek medical advice before walking naturally and undertake to be responsible for my own actions and
I will abide by BHC rules and Walk Leader	rs decisions at all times.
I understand that BHC reserves the right to	accept or reject new applications and renewal applications.
SIGNATURE; T	TEL NO. (optional): Date of Birth:
M.I. Number (if known):; E	-mail (Print)
NEXT OF KIN (Name & Telephone No.)	
New members: Previous Hillwalking experience, if any:	
 □ € 55 to 31st October 2024 (cash or cheques/money orders payable to BHC; Fee includes MI fees) □ Renewal or □ New Member (tick); □ Associate Member €35 (only accepted from 1st November onwards once registered with MI as a Full Member by your Primary Club. Application must include a photocopy of your MI card for 2023/2024 	
You can pay electronically: Narrative MUST include your Surname and MI number (if available) Please e-mail us at bishopstownhc@gmail.com once Transfer is made	
Name: BHC A/C No: IE55AIBK93432160369107 Sort Code: 934321 BIC: AIBKIE2D	Branch: AIB Bishopstown
Accepted on behalf of BHC:	; Date:; Membership no

- Send completed form & fees (cash or cheques payable to BHC) to Sean Cotter,
- 45 Rossbrook, Model Farm Road, Cork City, T12 K38C (Tel 021-4546194 answering machine, bishopstownhc@gmail.com)
- Or meet us at The Model Farm Bar, Model Farm Road on Thursday evenings after 8.00 pm