



Membership Application

Date: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone (Home) _____ (Work) _____ (Cell) _____
E-mail Address: _____

The CMC is a club of experienced mountaineers, dedicated to promoting mountaineering. You must be 18 years of age or older at the time of this application to qualify for membership.

Qualifying Mountaineering Experience

Please be complete as possible when detailing your mountaineering related experience, including any training courses, seminars, workshops, etc. that you have attended. Use additional pages or attach additional information as appropriate. The following information will be relied upon when a decision is made to admit you to provisional membership.

Expectations

Rock Skills: Basic rock climbing (at least 4th class), knots, anchoring, belaying, and rappelling skills.

Snow Skills: Proficient in ice axe self arrest and crampon use; familiar with roped travel, glissading techniques, and avalanche awareness.

Fitness: Members are expected to be able to undertake multi-day mountaineering trips involving at least 4,000 feet of elevation gain, and up to 20 miles of travel, all in good style, while carrying all required equipment.

Do you lead climb Rock? Yes _____ No _____ If Yes, at what grade? _____
If No, at what grade can you currently follow or top rope on Rock? _____
Number of years of Rock Climbing experience: _____

Do you lead climb Ice? Yes _____ No _____ If Yes, at what grade? _____
If No, at what grade can you currently follow or top rope on Ice? _____
Number of years of Ice Climbing experience: _____

Do you Snow climb? Yes _____ No _____ If Yes, list examples in the next section.
Number of years of Snow Climbing experience: _____

Please list six climbing experiences within the past two years.

Include: Dates, Routes, Locations, Partners, and Gear that was required. If you climb Rock, Ice, and Snow, please give at least two examples of each.

Type (R, I, S)	Date(s)	Route	Location	Partner(s)	Gear
1.					
2.					
3.					
4.					
5.					
6.					

Other notable climbs you completed/attempted more than 2 years ago: _____

Name of a CMC Member who is familiar with your Mountaineering Experience (if available): _____

Please read, understand and sign the following:

I recognize that mountaineering and related activities are hazardous. I will be personally responsible for my own safety during Club outings, assume all risks, and accept full and complete responsibility for any and all damages and personal injury of any kind, including death.

The information that I have provided in this form is true and complete to the best of my recollection. My signature below verifies that I am 18 years of age or older.

Signature: _____ Date: _____

Please attach a fully executed Liability Waiver and a check for \$30 payable to the *California Mountaineering Club* to this completed form. Mail to the New Member Coordinator. The check will be applied to a one-time initiation fee of \$10 and the annual dues of \$20.

How did you hear about the California Mountaineering Club?

- Word of mouth
- Website
- CMC event (please list) _____
- Other _____

Please mail application to:

Michael Watson
New Member Coordinator
California Mountaineering Club
1714 21st Street
Santa Monica, CA 90404

Your application for membership will be reviewed by the Club's Board of Directors to determine if you have the minimum qualifying experience. If we feel you do not yet have the requisite experience, the New Member Coordinator or another BOD representative will contact you with an indication of what additional experience the Board feels would qualify you for membership.

Thanks! We look forward to climbing with you.

Revised: October 11, 2011