



Angora Hiking Club of Astoria

Membership Application

Website: angoras.club

Submit to:

Angora Hiking Club Treasurer
PO Box 1212
Astoria, OR 97103

Please print

NAME: _____

Mailing Address: _____ Apt _____

City: _____ State: _____ Zip _____

Home phone: _____ Cell _____

Email: _____

I learned about Angora Hiking Club from: (not required, but appreciated!) _____

I am interested in helping with:

Members and guests must be in good physical condition to participate in the more strenuous hikes. Good boots are recommended. Any person under 18 years of age must have a signed release from his/her parents(s) or guardian(s) permitting medical or surgical treatment in case of injury or illness.

NOTICE OF LIABILITY RELEASE: The Angora Hiking Club shall not be liable for any injury suffered by any person attending these hikes or activities and in case of accident, illness, or any incapacity, the individual must pay for his/her own evacuation costs and medical expenses whether he/she authorizes them or not.

PHOTOS AND VIDEOS may be taken on any Angora Hiking Club outing. If you object to the possibility that your photo may be on an internet page or other print or electronic media, please let the hike leader know.

I, the undersigned, agree to abide by the Angora Hiking Club published rules.

Applicant signature:

OFFICE USE ONLY:

Date: _____ Dues: _____ (\$10 per person) Check No. _____