

Annual Membership Application

MEMBER

FULL NAME (All names for a Family Membership)	
ADDRESS	
MOBILE PHONE	
HOME PHONE	
EMAIL	

EMERGENCY CONTACT

NAME	
RELATIONSHIP	
PHONE NUMBER	

DETAILS

DATE		PAID AMOUNT	
TYPE (Circle)	Family Adult Youth Child	PAYMENT METHOD	

COMMENT

--

Your successful application for membership to the Bello Boulder HUB provides open access to the centre for use of the Bouldering Wall for one year.

By making this application, you agree to abide by the operating rules and guidelines of the Bellingham Bouldering HUB.

Name: _____ Date: _____

Signature: _____

Approved By: _____