



MAZAMAS MEMBERSHIP APPLICATION FORM

Welcome! Please complete the form below and mail it to the Mazamas office with proper payment. You'll soon receive a new member packet with a membership card, information on our programs, and our bulletin. (If you're a past member and want to reinstate, you can use this form too.) *PLEASE PRINT CLEARLY - THANKS!*

_____	_____	_____	_____
First name	Mid. Initial	Last name	
_____	_____	_____	_____
Mailing address	City	State	Zip
_____	_____	_____	_____
Birthdate (required, MM/DD/YY)	Email	Gender (M/F)	
_____	_____	_____	
Home phone	Work phone	Occupation	
_____	_____	_____	
Name of a glaciated peak you've climbed (req. for membership)		Month and year you climbed it	
_____		_____	

Payment Method: Check Cash Visa/MC

Card No. _____ exp. date (month/year) _____

Check one	One-time fee	Dues	Total
<input type="checkbox"/> Individual	\$25	+\$60	= \$85
<input type="checkbox"/> Spouse of member	\$25	+\$30	= \$55
<input type="checkbox"/> Child of member under 18	\$25	+\$30	= \$55
<input type="checkbox"/> Full time student (send copy of id card)	\$0	+\$30	= \$30
<input type="checkbox"/> Outside OR or WA	\$25	+\$45	= \$70
<input type="checkbox"/> Reinstating an individual membership	\$10	+\$60	= \$70

TOTAL ENCLOSED \$ _____

OFFICE USE ONLY

Amt pd \$ _____ Date rec. _____

Packet given yes no

Card sent (date) _____

Release and Waiver Agreement

I, (print name) _____ understand that The Mazamas have existed as an outdoor organization for over a century. Accidents resulting in injury or death do occur in outdoor activities. Climbing, hiking, mountain biking and other outdoor activities are dangerous. I AM AWARE THAT CLIMBING, HIKING, MOUNTAIN BIKING AND OTHER OUTDOOR ACTIVITIES ARE DANGEROUS. I ACCEPT THE RISK OF SUCH ACTIVITIES AND I UNDERTAKE THEM ON MY OWN RESPONSIBILITY.

Before going on a Mazama activity, I will know and understand the activity and the hazards and will judge for myself if I have the skills and knowledge to safely participate. If I do go I will remain constantly alert for dangers to myself and others and will fully participate as a safe team member.

IN CONSIDERATION OF PERMISSION TO PARTICIPATE EXTENDED TO ME, I RELEASE, HOLD HARMLESS AND DISCHARGE THE MAZAMAS FROM ANY AND ALL LIABILITY, CLAIMS AND CAUSES OF ACTION WHICH MAY ARISE ON ACCOUNT OF ANY NEGLIGENT ACT OR FAILURE TO ACT DURING MY PARTICIPATION IN OR TRAVELING TO OR FROM ANY MAZAMA ACTIVITY.

IN CASE OF ACCIDENT, ILLNESS OR OTHER INCAPACITY, I UNDERSTAND THAT I MUST PAY MY OWN MEDICAL AND/OR EVACUATION EXPENSES, WHETHER OR NOT AUTHORIZED BY ME. My signature below certifies that I have read and understand the above release and waiver agreement.

Signature _____ Date _____

Optional:

No directory listing We publish the name, address, home phone and email of members. It is distributed within the Mazamas only. Check if you do NOT want to be listed.

No outside mailings The Mazamas occasionally (1-2 times a year) trade our mailing list with other non-profit outdoor recreation or conservation organizations for a one-time mailing. This list is never sold. Check if you do NOT want to share your address in this manner.