

membership application form



Fill out all applicable information.
Send to:
Arizona Rock Climbing Club
P.O. Box 3094
Carefree, AZ 85377

APPLICANT'S PERSONAL INFORMATION

Name _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Cell Phone No. _____

In Case of Emergency Contact _____ Phone No. _____

Age _____ Birthdate _____ Place of Birth _____

Height _____ Weight _____ Sex _____ Shoe Size _____ Waist Size _____

Physical Condition (Circle One) **Excellent** **Very good** **Good** **Could be better**

Physical Limitations / Allergies / Medication _____

What is your prior climbing history (List routes, ratings, also include climbing resume.) _____

First Aid Certification, CPR, WFR, EMT experience _____

Applicant's Signature _____ Date _____