



APPLICATION FOR REINSTATEMENT

I, the undersigned, being over 18 years of age, hereby make application to reinstate membership in The Cleveland Hiking Club. I agree to abide by the Constitution and Rules of the Club.

Applicant Name:		MI:	Gender:	Nickname (Opt) :
Address :		Approx year joined CHC:		
		Approx year membership lapsed:		
Seasonal address ⁽²⁾ : Yes <input type="checkbox"/> No <input type="checkbox"/>		Although mail will not be delivered to a seasonal address, if you would like to include the seasonal address in the directory, please provide it here:		
Usual date from: (mo/day) _____				
Usual date thru: (mo/day) _____				
Telephone:	Alternate Phone:		Birthday (mo/day): _____	
Email:		Occupation:		
<p><i>All members have access to Newsteps and schedules on the website. Check here _____ if you want them mailed to you. October Newsteps, Member Directory and election ballots are mailed to all. Joint Members must have same method.</i></p>				
<p>__ I would like to be eligible for a 10% discount at Appalachian Outfitters at 60 Kendall Park Rd, Peninsula, OH info@appalachianoutfitters.com (Restrictions apply)</p>				

Signature _____ Date _____

Please indicate Membership Level: (Individuals residing within 75 miles of Cleveland, OH must apply for Active membership. Individuals who reside more than 75 miles from Cleveland, OH may apply for Associate or Active membership. Associate Members are entitled to all privileges of the Club but are not eligible to vote or to hold office.)

Reside within 75 miles of Cleveland (Active)		Reside more than 75 miles from Cleveland (Associate)	
___ Active: Individual	\$56.00	___ Associate: Individual	\$51.00
___ Active: Joint Members	\$97.00	___ Associate: Joint Members	\$87.00

Amounts above include \$20.00 per person reinstatement fees and current year calendar dues.

Seasonal addresses: CHC uses standard class mail, which the post office does not forward or hold, even if YOU have a forward/hold order on file. Mail will not be sent when members are out of the area. Newsteps and Schedules can be accessed on the club website at any time.

Please Note: All memberships are reinstated on the first Sunday following receipt of completed forms and fees. Memberships renew every January. Mileage accumulated prior to membership lapse will be credited after verification.

Dues, Reinstatement Fee(s) and Liability Release(s) must accompany this application. Make check payable to The Cleveland Hiking Club and mail to Veronica (Roni) Pavia, CHC Membership Committee, 927 Arboretum Cir., Sagamore Hills, OH 44067. Questions? 330-468-3706, chcmemberchair@gmail.com



LIABILITY RELEASE

I, _____, residing at _____,
(PLEASE PRINT) FIRST NAME MI LAST NAME STREET ADDRESS

situated in the City of _____, County of _____ State
of _____, acknowledge that there is the potential for injury with hiking and the various recreational, social and other activities of the Cleveland Hiking Club, Inc., and do hereby agree to release, discharge and/or otherwise indemnify and hold harmless the Cleveland Hiking Club, Inc., its officers, committee chairpersons, hike leaders, major excursion leaders, affiliated organizations and sponsors, employees and associated personnel against any claim by me or on my behalf as a result of my participation in any event or activity sponsored by or otherwise connected with the Cleveland Hiking Club, Inc. I agree to assume full responsibility for myself, my spouse and my children for bodily injury, accidents, illness, death, loss of property and services, and related expenses due to the negligence of the Cleveland Hiking Club, Inc. This liability release covers all Cleveland Hiking Club, Inc. meetings, activities and events, including but not limited to those listed in the Schedule of Activities and NEWSTEPS or any Cleveland Hiking Club, Inc. publication. This liability release is intended by me and does release any negligence claims on behalf of myself, my spouse and my children.

DATE

SIGNATURE