



ROCK RENDEZVOUS MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ **ZIP:** _____

DATE OF BIRTH (mm-dd-yyyy) (optional): _____

SEX (optional): _____

PHONE (day): _____ (eve.): _____

(cell): _____

E-MAIL ADDRESS: _____

YEARS CLIMBING: _____

WHAT LEVEL DO YOU LEAD: _____

WHAT LEVEL DO YOU FOLLOW: _____

OTHER INTERESTS: _____

WARNING/DISCLAIMER: San Francisco Rock Rendezvous is not a teaching organization and does not endorse nor insure rock climbing. Trips advertised on the newsletter and on the Rock Rendezvous Web site are private and are only listed for the co-ordination of car pooling and camping. Each participant on the trip is responsible for his or her safety during the entire trip, including the transportation to and from the climbing area and campsite, and any necessary insurance.

I have read and understood these conditions.

Signature

Date

Please mail this form with the appropriate membership fee to our treasurer. Please refer to the Web page <http://rock-rendezvous.org/join/> for current membership rates, contact details for our treasurer, and other instructions on how to complete the membership application process. Thank you.