

Wallowa Mountains Hells Canyon Trails Association (WMHCTA)
401 NE First Street, Suite A, Enterprise, OR 97828
www.wmhcta.org, info@wmhcta.org

MEMBERSHIP APPLICATION FORM

Name(s): _____

Mailing Address: _____

_____ Zip Code: _____

Phone(s): _____

Email(s): _____

MEMBERSHIP FEES

\$20 Individual \$30 Family \$10 Student \$1.00 single trip

Additional Donation \$ _____ Cash Check # _____

Credit Card # _____

3-digit CVV # on back of card: _____ Expiration Date: _____

(WMHCTA is a 501(c)(3) non-profit organization. Additional donations are tax-deductible.)

INTERESTS

Trail Maintenance: hiking trails ski trails motorized trails biking trails

Renovating historical sites and structures Public relations and community outreach

Fundraising One-day trips Multi-day trips

Other interests:

IDENTIFY YOUR CURRENT (VALID) CERTIFICATIONS:

Red Cross CPR/First Aid (or equivalent one day training)

Wilderness Medical Associates Wilderness First Aid (or equivalent 2 day training)

Wilderness Medical Associates Advanced First Aid (or equivalent 5 day training)

Forest Service sponsored cross-cut training

Forest Service sponsored chain saw training

List other certifications:

PLEASE COMPLETE AND SIGN PAGE 2

LIST WMHCTA ACTIVITIES THAT YOU ARE UNABLE OR UNWILLING TO PERFORM OWING TO MEDICAL OR PHYSICAL LIMITATIONS, INSUFFICIENT SKILL OR KNOWLEDGE, OR PERSONAL PREFERENCE:

- Using a cross-cut saw
- Using hand-held saws such as a Corona or bow saw
- Strenuous hiking over steep terrain
- Lifting and moving heavy objects (logs, rocks)
- Using a Pulaski tool for shaping or contouring trails
- Basic carpentry work involved in restoring historical building sites and bridge repair

List other activity limitations:

LIST MEDICAL CONDITIONS FOR WHICH YOU ARE CURRENTLY BEING TREATED THAT MAY PLACE YOU AT RISK DURING WMHCTA OUTINGS. ALSO, LIST CURRENT MEDICATIONS AND ALLERGIES. *(This information will be stored in a secure location and will be used only to assist project Team Leaders in the event of a medical emergency. WMHCTA advises you to update this application if your health status changes. You will be given an opportunity at the beginning of each outing to inform your project Team Leader of medical conditions or limitations that may place you at risk during the outing.)*

List relevant current medical conditions: _____

List known allergies: _____

List current medications: _____

EMERGENCY CONTACT INFORMATION

Name

Phone(s)

Email(s)

Signature

Date

Signature

Date

Signature of Parent or Legal Guardian (for members under 18 years old)

Date