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

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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          Date

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

Rev. 2018-04-19