

**The Mountain Club of South Africa**

Founded 1891

**Johannesburg Section**

Established 1931

**EXPLORE ● DISCOVER ● CONNECT ● PROTECT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

email electronic ID style photo or attach 1 recent

ID Type Photos

25mm x 30mm or

# Application for Membership

# Personal Details

JHBMemNo: ………… (to be assigned)

Attended Prospective Members Talk Date: …………………………

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | First Names |  |
| ID No |  | Date of Birth |  |
| Gender | Male  Female | Marital Status |  |
| Occupation |  | Home Language |  |

CONTACT DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| Postal Address 1 |  | Email  **Please print clearly** |  |
| 2 |  | Home No: |  |
| 3 |  | Business No: |  |
| Post Code |  | Mobile No: |  |
| Country |  |  |  |
| Your Home Address 1 |  | *In case of an Emergency, Contact Details* | |
| 2 |  | *Name* |  |
| 3 |  | *Relationship* |  |
| Post Code |  | *Tel No* |  |
| Country |  |  |  |

I will notify the administrator in writing of any changes to the above details

Brief description of mountaineering experience (if any):

|  |
| --- |
|  |
|  |
|  |

Give the name of any Section of the Mountain Club of which you are at present a member:

|  |
| --- |
|  |

Office Use:

|  |  |  |  |
| --- | --- | --- | --- |
| Date Received |  | EFT  , Cash |  |
| Fee Received (Amount) |  | By (name) |  |
| Member Card Done |  |  |  |

I have become acquainted with the MCSA – Johannesburg Section, and in so doing now desire to become a member of the MCSA of the following category:-

|  |  |  |
| --- | --- | --- |
| **Category** | **2016 Fee (R)** | **Fee Enclosed** |
| Ordinary Member (single) | 650 |  |
| Ordinary Members (couple) | 970\* |  |
| Country Member (single) | 460 |  |
| Country Members (couple) | 585 |  |
| Student Member \* (full-time) | 315 |  |
| Junior\* (13-18 yrs) | 160 |  |
| Family Member\* (up to 13 yrs) | 75 |  |
| Temporary/Associate | POA |  |
| Wilgepoort Donation | 600 |  |
| Entrance Fee (\*deferred until employed) | 300\* | X 2 for couple |
| Total |  |  |

1. Membership fees are due and payable at the beginning of each year.

2. The entrance fee and the annual membership fee will be refunded if an individual’s application for membership is unsuccessful

3. Entrance Fee may be waived if proof of current membership of another Section is provided.

4. The annual subscription will be reduced by half if elected to membership after August of that year.

We, the undersigned, having been members for AT LEAST TWO YEARS, and being in good standing of this Section, hereby signify from our personal knowledge and acquaintance that the applicant is a fit and suitable person for membership of this Club.

**Proposer:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Membership No |  |
| Signature |  | Date |  |

**Seconder:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Membership No |  |
| Signature |  | Date |  |

If elected, I agree to be bound by the Constitution (issued on acceptance) and the Rules of the Section: to do all in my power to promote the interest of the Club: to help control kloofs and other fixed property owned by the Club: and, in particular, to safeguard and develop the relationship the Club has with landowners and farmers arising from servitudes or other access agreements.

I understand and accept that all mountaineering activities, whether at club meets or otherwise, will be carried on by me entirely at my own risk.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Applicant |  | Date |  |

Hand this application form together with fee, to administrator, or committee member.

Please indicate which services you could provide as a club member: -

|  |  |  |
| --- | --- | --- |
| **Area** |  | **Specifics if appropriate** |
| Social Events |  |  |
| Conservation |  |  |
| Land-Patrol |  |  |
| Recruitment of Members |  |  |
| Legal |  |  |
| Training |  |  |
| Search & Rescue |  |  |
| Meetleader |  | Preferred  Area/s |
| Youth Leader |  |  |
| Presentations |  |  |
| Website |  |  |
| Other |  |  |
|  |  |  |

Other Suggestions:

I heard about the MCSA through:

Internet  Word of Mouth  Climbing Course

Other  Please specify …………………………………

**Johannesburg Section Contact Details:**

Tel: 011 067 0326; 061 239 6272

eMail (General): [admin@jhb.mcsa.org.za](mailto:admin@jhb.mcsa.org.za)

**Banking Details for EFT:**

Name: Mountain Club of SA Johannesburg Section.

NEDBANK KILLARNEY, branch code: 191605

Acc No: 1916 044 239

|  |  |
| --- | --- |
| image001Please complete and return to us | **THE MOUNTAIN CLUB OF SOUTH AFRICA**  **JOHANNESBURG SECTION**  P.O.Box 1641, Houghton 2041  Email admin@jhb.mcsa.org.za  (011 067 0326 Tel. & Fax no.) |

Indemnity form for members, prospective members and guests

of the MCSA, Johannesburg Section and persons participating in activities

organised by or on behalf of the MCSA, Johannesburg Section

## PART 1

I, the undersigned…………………………………………………………………………(full names)

Residing at ………………………………………………………………………………... (full residential address)

having been born on…………………………………………………….………… .(full date of birth)

and duly assisted herein by my guardian if I am a minor, do hereby agree and undertake in favour of the Mountain Club of South Africa, its national, regional and local committees, members, servants and agents (herein referred to as “the club”) that:

1. I am aware of the dangers of personal injury or death inherent in mountaineering, hiking, scrambling, bouldering, rock climbing and activities incidental thereto to which I may be exposed as a result of my participation in club activities and activities organized by or on behalf of the club and I understand and accept that my participation in any such activities is at my own risk for which I accept all responsibility.
2. I, accordingly, hereby irrevocably waive, relinquish and abandon all claims of any nature whatsoever which I may have against the Club or any of its members, arising out of my participation in club activities and activities organized by or on behalf of the club, for loss or damage to property, personal injury or loss of life, howsoever caused and irrespective of whether the loss or damage occurred as a result of negligence.
3. Should I be injured whilst participating in club activities or activities organized by or on behalf of the club, I hereby appoint and authorise the meet leader (or such other person who is co-ordinating the activity on behalf of the club) to consent to my undergoing surgical or other medical treatment which in the opinion of the attending medical practitioner is necessary. I further undertake to pay the cost of such treatment.
4. I agree that the terms and conditions contained herein will remain binding upon me, my heirs, executors, administrators and assigns.

SIGNED AT ON THIS DAY OF 20\_\_\_\_\_\_

IN THE PRESENCE OF THE UNDERSIGNED WITNESSES (below)

(signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## PART 2

DULY ASSISTED / REPRESENTED \* BY…………………………………………………………(FULL NAME) IN MY CAPACITY AS GUARDIAN OF THE ABOVEMENTIONED MINOR

1. I confirm that the minor referred to in Part 1 hereof is participating in Club activities with my consent and that I am aware of the dangers of personal injury or death inherent in mountaineering, hiking, scrambling, bouldering, rock climbing and activities incidental thereto to which the minor may be exposed as a result of his/her participation in club activities and activities organized by or on behalf of the club and I understand and accept that his/her participation in any such activities is at my own risk for which I accept all responsibility.
2. I, accordingly, hereby irrevocably waive, relinquish and abandon all claims of any nature whatsoever which I may have against the Club or any of its members, arising out of the minor’s participation in club activities and activities organized by or on behalf of the club, for loss or damage to property, personal injury or loss of life, howsoever caused and irrespective of whether the loss or damage occurred as a result of negligence.
3. Should the minor be injured whilst participating in club activities or activities organized by or on behalf of the club, I hereby appoint and authorise the meet leader (or such other person who is co-ordinating the activity on behalf of the club) to consent to the minor undergoing surgical or other medical treatment which in the opinion of the attending medical practitioner is necessary. I further undertake to pay the cost of such treatment.
4. I agree that the terms and conditions contained herein will remain binding upon me, my heirs, executors, administrators and assigns.

SIGNED AT ON THIS DAY OF 20\_\_\_\_\_\_

IN THE PRESENCE OF THE UNDERSIGNED WITNESSES

GUARDIAN (signature)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESSSES

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Name |  | Signature |  |
| 2. Name |  | Signature |  |

\*Note

1. Only Part 1 is to be completed if the members / guest / participant is over 18 years of age
2. Part 1 and Part 2 are to be completed where the member / guest / participant is between 7 and 18 years of age
3. Part 1 does not need to be signed where the guest / participant is less than 7 years of age
4. Where the guest / participant is less than 7 years of age the word “assisted” is to be deleted.