



Copy given to Member ____

MEMBER INFORMATION

Last Name		First Name		MI	Date of Birth
Address		City	State	Zip	
Primary/Cell/Home Phone	Work Phone	Email (email addresses are not shared/sold)			Gender
Emergency Contact		Emergency Phone	Relation		

MEMBERSHIP DETAILS

Individual Membership:				Household Membership: 2 or more residing under same roof.			
Type:	Monthly	Initiation		Household* :	Member Name	Monthly	Initiation
<input type="checkbox"/> Individual	\$70	\$45	*Student: Age	<input type="checkbox"/> 1 st	<u>(primary listed above)</u>	\$70	\$45
<input type="checkbox"/> Student*	\$59	\$45	12+ w/ ID	<input type="checkbox"/> 2 nd	_____	\$55	n/a
<input type="checkbox"/> Juniors**	\$49	\$45	**Junior: Age	<input type="checkbox"/> 3 rd	_____	\$35	n/a
<input type="checkbox"/> Household*	\$125	\$45	11 or under	<input type="checkbox"/> 4 th	_____	\$30	n/a
<input type="checkbox"/> BOULDERING ONLY	\$54	\$45		<input type="checkbox"/> 5 th	_____	\$30	n/a
<input type="checkbox"/> Add monthly gear rental	-\$39/mo. (per member)			* Includes adult couples, youth siblings, or parent and youth, all residing at the same address.			

MEMBERSHIP TERMS & DUES

Membership Start Date	<input type="text"/>	Membership End Date	<input type="text" value="OPEN"/>
Member Initials	This membership is a DUES paying membership. It begins on the date indicated above and continues indefinitely until cancelled. <u>Membership cancellation requires 14 days written notice.</u>		
Member Initials	I understand that I have paid, or am obligated to pay, an initiation fee as listed above and that under no circumstances is any portion of this amount refundable.		
Member Initials	Beginning on <u>1st OF EACH MONTH</u> , monthly dues as listed above (plus tax) will be paid to Petra Cliffs by electronic funds transfer (EFT) as listed below.		
Member Initials	This membership can be frozen for \$8 per month per member. All freezes begin on the 1 st of EACH MONTH. If you wish to freeze this membership, you must notify us at least 14 days BEFORE the 1 st of the month.		
Member Initials	In the event of a declined EFT payment, a Bank Decline Fee of \$10 will be charged.		
Member Initials	Petra Cliffs reserves the right to increase dues at its discretion with 60 days written notice.		
Member Initials	I agree to the posted rules of Petra Cliffs		

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

I hereby authorize Charest Alpinism (dba) Petra Cliffs to initiate debit entries to the Credit Card, Checking or Savings Account named below, and/or adjustments for any debit entries made in error. I hereby authorize the financial institution named below to credit and/or debit the same to such account. This authorization is to remain in full force and effect until Charest Alpinism (dba) Petra Cliffs has received **written** notification from me of its termination.

Name on Card/Account	BILLING Address on Card/Account (if different)	BILLING Phone on Card/Account (if different)
Credit Card Number	Bank Routing Number	Bank Account Number
Credit Card Expiration Date	FOR BANK WITHDRAWAL - ATTACH VOIDED CHECK	

SIGNATURE(S)

I have been advised of the Terms and Conditions of Membership and fully understand the Membership Agreement. IN WITNESS WHEREOF this Membership Agreement has been executed by the parties on the date written below.

Member Signature	Date	Parent/Guardian Signature	Date
EFT Authorization Signature (if different from above signature)	Date	Membership Salesperson Signature	Date