



## Paisley Hillwalking Club Membership Renewal

DO NOT WRITE IN THIS BOX
Committee Member _____
Date Renewed ____/____/____

Please complete this form in BLOCK CAPITALS

Name: Mr/Mrs/Miss/Ms \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Tick box if you wish newsletters etc sent by e-mail only

If your next of kin have changed address etc please give new details overleaf. If there are any changes in your medical information that may affect your hillwalking ability, please give details overleaf.

Data protection: Paisley Hillwalking Club uses computerised databases and record keeping. Information supplied on this form will not be sold or given to outside organisations without your prior consent.

I agree to abide by the Constitution of Paisley Hillwalking Club

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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### Paisley Hillwalking Club Membership Receipt



£ \_\_\_\_ Received from \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Committee Member \_\_\_\_\_