

# APPLICATION FOR MEMBERSHIP

Bellingham Mountain Rescue Council  
PO. Box 292  
Bellingham, WA 98227



Today's date: \_\_\_\_\_  
Month/Day/Year

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Day/Year

Address: \_\_\_\_\_  
Street City State Zip

Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cellular: \_\_\_\_\_

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

**Climbing Courses:** List name of club or school, and dates.

- Basic: \_\_\_\_\_  
\_\_\_\_\_
- Intermediate: \_\_\_\_\_  
\_\_\_\_\_
- Advanced: \_\_\_\_\_  
\_\_\_\_\_
- Other: (specify) \_\_\_\_\_  
\_\_\_\_\_

**Climbing Experience:** Peak, location, route, date.

- Rock: \_\_\_\_\_  
\_\_\_\_\_
- Snow & Glacier: \_\_\_\_\_  
\_\_\_\_\_
- Winter Climbs: \_\_\_\_\_  
\_\_\_\_\_
- Expeditions: \_\_\_\_\_  
\_\_\_\_\_

<b>Office Use Only:</b> Secretary: _____ Membership: _____ President: _____ Date received: _____ White DEM card received: _____ Board Review _____ Added to call list: _____ Added to mailing list: _____ Comments: _____
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**Medical Training:** Level of training (Basic First Aid, Advanced First Aid, EMT) and expiration date. \_\_\_\_\_

**Other Relevant Training and Experience:** (Radio, wilderness, survival, clubs, other Search & Rescue, etc. ) \_\_\_\_\_

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**Equipment:** Please check equipment that you own.

Crampons	Down/Fiberfill parka
Helmet	Down/Fiberfill mitts
Ice axe	Down/Fiberfill sleeping bag
Ice screws	Rock hardware rack (chocks, stoppers, etc.)
Ice hammer	Rescue pulleys
Snowshoes	Ascenders
Snow shovel	Stove (specify) _____
Headlamp	Tent (specify) _____
Flukes	Skis (specify) _____
Pickets	Climbing rope (specify) _____
Other (specify):	_____

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**In addition to completing this form, you will need to complete an Emergency Worker Registration Card. If you do not have one, please contact Kirk Johnson at 398-7645 or PO Box 292 Bellingham, WA 98227.**

**This form should be mailed to P.O. Box 292 Bellingham, WA 98227 or hand delivered to a BMRC Board member ant the next monthly meeting.**