



The Indianapolis Hiking Club

Happiness - A Step at a Time Application for Membership

Applicants must be 18 years of age and have completed two hikes as a guest. To become a member, please complete this application and mail along with a check for the applicable fees (see below) to the membership officer at the following address or give it to any Club officer.

Mail to: Mary Williams, 695 Old Plank Road, Franklin, IN 46131 (317-422-9384)

Date: _____ Check one: Individual membership ___ Family membership ___ (see below)

How did you learn about the Club: Acquaintance___ Newspaper___ Website___ Club Brochure___
Other (please explain) _____

Check one: ___ I will access the hike schedule from the Club website at www.indyhike.org.
___ Please mail the hike schedule to me.

If you choose to access the schedule from the website, you will not receive hike schedules or hike leader sign-up sheets in the mail. Both are available on the website. Selecting this option will reduce our costs and help keep dues low. You may change your mind about this at any time (see website for details).

Release of liability: I/we understand and agree to absolve the officers, hike leaders and members of the Indianapolis Hiking Club of all blame for any injury, misadventure, harm, loss or inconvenience suffered by yourself or your minor guest as a result of taking part in activities sponsored by the Club. The Club reserves the right to perform a public records background check. By applying for (or renewing) membership, I/we accept that depictions of members pictures of Club hikes and events may appear on the Club website, as may the hiking schedule and members' mileage awards, and that a roster of Club members and a membership mileage report are distributed to all members annually. The Indianapolis Hiking Club respects your desire for privacy. You may notify the membership officer if you prefer that your name, mailing address, phone number or email address not be published or if you would like to limit the personal information provided when you lead a hike. The Club does not share or sell the information collected on this form with other individuals, organizations or companies.

Name(s): _____ Phone Number: _____
(please print)

Signature(s): _____ Email Addr: _____

Address: _____

Dates of two hikes as a guest: _____ and _____

Membership fees (new member fee and annual dues are both required):

New member fee	\$5.00/person	One-time fee applicable to individual membership and each adult in a family membership
Reinstatement fee	\$5.00/person	One-time fee applicable <u>only</u> to former members who have been inactive for one year or more
Annual dues	\$15.00 \$22.00	Individual membership (\$7.50 if after April 1 and before Sept. 1) Family membership applies to 2 or more adults at the same residence (\$11.00 if after April 1 and before September 1)
Optional name tag(s)	\$5.00 each	Name(s) on tags: _____

Amount sent: New member/Reinstatement fee: \$____ Dues: \$____ Name tags: \$____ Total: \$____

Please make checks payable to "Indianapolis Hiking Club". **Make sure your payment includes the \$5/person new member fee, plus annual dues.** Don't send cash through the mail. New members are approved on the third Thursday of each month. You will be notified when you are accepted into the Club.