

APPLICATION TO JOIN COBBLE CREEK HIKING CLUB

Please fill out requested information and sign and return this form, along with \$10. per member, to Barbara McIlravy, 3917 Mount Hayden Drive; 970-417-4043. If you wish to pay by check, please make it out to Barbara McIlravy.

Please PRINT

1-Member name: _____

Home Phone: _____

Cell Phone: _____

E-Mail Address: _____

Birthdate: Month _____ Day _____

2-Member name: _____

Cell Phone: _____

E-Mail Address: _____ (Please indicate yes___ no___ if you only want to receive group messages at primary e-mail address)

Birthdate: Month _____ Day _____

If your spouse/significant other does not want to hike, please just provide your spouse's name.

We certify that we are members in good standing of the Cobble Creek Clubhouse.

1-Member signature: _____ Date: _____