



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 dues to the membership officer at the following address or give it to any Club officer.

Mail to: Barbara Strite, 234 N Raceway Rd, Indianapolis, IN 46234 (317-271-7263, brstrite@att.net)

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

Check one: New Member ___ Reinstatement ___ If you were previously a member what was the last year you were a member ___ and what was your accumulated mileage _____ (approx is okay)

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

We encourage you to choose the website option. Hike schedules and hike leader sign-up sheets may be viewed and printed from the website. Selecting this option will help keep our costs and dues low.

How did you learn about the Club? Name of member who influenced you to join _____
Acquaintance___ Newspaper___ Club Website___ Club Brochure___ Facebook___ Other_____

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 hikes or other activities sponsored by the Club. The Club reserves the right to perform a public records background check.

By applying for membership, I/we accept that photos of members on Club hikes and other events may appear on the Club's sponsored Internet sites, as may the hiking schedule, members' mileage awards and an annual membership mileage report. Additionally, a membership roster listing members' mailing address and phone numbers will be mailed to all members annually. The roster is not saved on the website. 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 You may notify the membership officer if you prefer that your name, mailing address, phone number or email address not be published or if you would like to limit the personal information provided when you lead a hike.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 Address(s): _____

Address: _____

Dates of two hikes as a guest: _____ and _____

Club year begins on October 1, which is when annual dues are payable, and ends on September 30

Annual dues	\$20.00	Individual membership (\$10.00 if after May 1 and before Sept. 1)
	\$30.00	Family membership applies to 2 or more adults at the same residence (\$15.00 if after May 1 and before September 1)

Optional name tag(s) \$10.00 each Name(s) on tags: _____

Amount sent: Dues: \$ _____ Name tags: \$ _____ Total: \$ _____

Please make your check payable to "Indianapolis Hiking Club". You will officially become a member on the date of the next monthly Board meeting. You will be notified when you become a member at which time your hike mileage will begin to be tracked and accumulate.