



Membership Application

Date of Application: _____

Name: _____

Age: _____ Date of Birth: _____
(Note: Applicants must be 18 years of age or older)

Mailing Address: _____ Zip: _____

Phone - Home: _____ Business: _____ Other: _____

Email address: _____

Emergency contact: _____ Phone: _____

Section A - Technical Rescue-Related skills

Please describe in a few sentences your experiences in the following areas. Include a description of climbs you've done, and training you've taken:

1. ROCK CLIMBING: Limited _____ Moderate _____ Extensive _____

Comments:

2. MOUNTAINEERING: Limited _____ Moderate _____ Extensive _____

Comments:

3. ICE/GLACIER: Limited_____ Moderate_____ Extensive_____

Comments:

4. DOWNHILL SKIING: Limited_____ Moderate_____ Extensive_____

Comments:

5. CROSS-COUNTRY SKIING
(BELOW TIMBERLINE): Limited_____ Moderate_____ Extensive_____

Comments:

6. SKI MOUNTAINEERING
(ABOVE TIMBERLINE): Limited_____ Moderate_____ Extensive_____

Comments:

7. MAP AND COMPASS: Limited_____ Moderate_____ Extensive_____

Comments:

8. FIRST AID: Limited_____ Moderate_____ Extensive_____

Do you have a First Aid Card? _____ Expiration Date: _____
CPR Card? _____ Expiration Date: _____
Any advanced first aid training? _____

Comments:

9. SEARCH AND RESCUE: Limited_____ Moderate_____ Extensive_____

Are you certified in the State of Oregon? _____

Comments:

10. GENERAL WOODSMANSHIP
AND BACKPACKING: Limited_____ Moderate_____ Extensive_____

Comments:

11. RADIO COMMUNICATION
SKILLS: Limited_____ Moderate_____ Extensive_____

Comments:

Section B: Equipment

- | | |
|---|---|
| <input type="checkbox"/> Mountaineering boots | <input type="checkbox"/> Tent |
| <input type="checkbox"/> Rock Shoes | <input type="checkbox"/> Climbing Rope |
| <input type="checkbox"/> Hard Hat | <input type="checkbox"/> Carabiners |
| <input type="checkbox"/> Pack(s) | <input type="checkbox"/> Rock climbing Rack |
| <input type="checkbox"/> Compass | <input type="checkbox"/> Ice climbing gear
(ice screws, ice hammer, etc) |
| <input type="checkbox"/> Ice Axe | <input type="checkbox"/> First Aid kit |
| <input type="checkbox"/> Crampons | <input type="checkbox"/> Cross-Country skis, boots |
| <input type="checkbox"/> Parka | <input type="checkbox"/> Downhill skis, boots |
| <input type="checkbox"/> Rain clothes | <input type="checkbox"/> Ski Poles |
| <input type="checkbox"/> Head lamp | <input type="checkbox"/> Snowshoes |
| <input type="checkbox"/> Sleeping Bag | |
| <input type="checkbox"/> Other climbing or rescue gear (specify:) | |

Are you fully equipped for : (check all that apply)

- Summer climbing
- Prolonged heavy rain
- Winter climbing
- Glacier travel

Radios: List any equipment you own and give call letters, frequency, channel, etc:

Section C: References

Please list membership in related clubs or organizations. Also list acquaintances in EMR, MRA or OMRC and length of time known.

Section D: Availability

Applicant's signature: _____

Date: _____