



For Office Use Only:
 ___ DB ___ WL ___ CC ___ CA

Membership Application
Membership is valid for 12 months

- New Member
- Renewing Member

Make checks payable to: Beckwourth Outdoors, PO Box 18272, Denver, CO 80218

- Student \$25 (University: _____)
- Individual \$40
- Family \$60 (includes applicant, spouse, and dependent children)
- Corporate \$100 (includes up to 3 individual memberships)
- Additional Donation: \$ _____

APPLICANT INFORMATION:

APPLICANT'S NAME: _____

STREET: _____ CITY/STATE/ZIP: _____ COUNTY: _____

TELEPHONE: Home: _____ Work : _____ Cell: _____

E-MAIL: _____

May we share your *phone number* with other members for Beckwourth activities? ___ Yes ___ No Share your *email*? ___ Yes ___ No

Emergency Contacts:

1. _____
 Name Day No. Wkend/Eve. No.

2. _____
 Name Day No. Wkend/Eve. No.

Applicant and Dependents:

	NAME	DOB
Applicant		/ /
Spouse		/ /
Child 1		/ /

	NAME	DOB
Child 2		/ /
Child 3		/ /
Child 4		/ /

Areas of Interest: (Mark all that apply)

<input type="checkbox"/> Easy Hikes <input type="checkbox"/> Moderate Hikes <input type="checkbox"/> Difficult Hikes <input type="checkbox"/> 14'ers <input type="checkbox"/> Other: _____	<input type="checkbox"/> Car Camping <input type="checkbox"/> Backpacking <input type="checkbox"/> Rockclimbing <input type="checkbox"/> Biking <input type="checkbox"/> Other: _____	<input type="checkbox"/> X-Country Skiing <input type="checkbox"/> Snowshoeing <input type="checkbox"/> Horseback Riding <input type="checkbox"/> Fishing <input type="checkbox"/> Other: _____	<input type="checkbox"/> Whitewater Rafting <input type="checkbox"/> Kayaking/Canoeing <input type="checkbox"/> Historical Trips <input type="checkbox"/> Conservation Projects <input type="checkbox"/> Other: _____
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New Members are encouraged to join a Committee to assist in Beckwourth Outdoors' operation:

<input type="checkbox"/> Member Recruitment <input type="checkbox"/> Fundraising	<input type="checkbox"/> Marketing/Graphic Design <input type="checkbox"/> Grant Writing	<input type="checkbox"/> Adult Activities Leader <input type="checkbox"/> Youth Outdoor Ed. Center	<input type="checkbox"/> Historical Re-Enactment/ Living History <input type="checkbox"/> Winks Lodge
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What are your special skills/talents? _____

How did you learn about Beckwourth: Beckwourth Brochure Beckwourth Website Beckwourth Member
 Friend Media Beckwourth Event:

You must have a Colorado Outdoor Search & Rescue Card (CORSAR) to participate in Beckwourth outdoor activities. Please indicate whether you have a current CORSAR Card from another source. **CORSAR** YES NO

Application Must Be Signed For Membership To Be Valid (See next page)

PO Box 18272 • Denver, CO 80218
 Phone: (303) 831-0564 • www.beckwourthoutdoors.org • E-mail: info@beckwourthoutdoors.org

BECKWOURTH OUTDOORS MEMBERSHIP APPLICATION

Demographic Information: We require your Date of Birth to issue a CORSAR Card, and additional personal information for official statistics. **We do not share your personal information with anyone.**

Education (*highest level completed*): High School Some College B.A./B.S. Degree
 Masters Degree Professional Degree /Doctorate

Occupation: _____

Marital Status: Married Single Domestic Partner Widowed

Income Level: Under \$25,000 \$25,000 - \$50,000 \$50,000 - \$75,000 Over \$75,000

	SEX	RACE/ETHNICITY					
Applicant:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White	<input type="checkbox"/> Other: _____
Spouse:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White	<input type="checkbox"/> Other: _____
Child 1:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White	<input type="checkbox"/> Other: _____
Child 2:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White	<input type="checkbox"/> Other: _____
Child 3:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White	<input type="checkbox"/> Other: _____
Child 4:	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White	<input type="checkbox"/> Other: _____

RELEASE OF LIABILITY: I (or, if a family membership, replace "I" with "we") fully release and waive any claims that are related to or in any way connected with participation in Beckwourth Outdoors (a.k.a. the James P. Beckwourth Mountain Club) activities that I may have, now or in the future, against Beckwourth Outdoors, its sponsors, directors, officers, representatives, agents, employees, instructors, and volunteers ("Released Parties").

I understand that any and all Beckwourth Outdoors activities may be hazardous and may result in severe injury, death or loss and damage to property. I understand that I am solely responsible for my own safety, and for taking every precaution to provide for my safety and well-being while participating in Beckwourth Outdoors activities. I understand that I am solely responsible for assuring that my physical conditioning, skills, and equipment are adequate for me to participate safely. I understand that Beckwourth Outdoors has no obligation to provide medical care and has not undertaken the responsibility to do so. I accept all risks of participating.

I have read this document and voluntarily agree to the terms of this agreement. **I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM GIVING UP MY RIGHT TO SUE OR MAKE ANY CLAIM AGAINST THE RELEASED PARTIES.** I understand that this agreement serves as a release and assumption of risk for me, my relatives, personal representatives, heirs, beneficiaries or assigns, who might pursue legal actions or claims on my behalf.

MULTIMEDIA RELEASE: Further, I (we) hereby give Beckwourth Outdoors permission to use any photographs, videotapes, or other media recordings that are made of me or my family while participating in a Beckwourth Outdoors activity.

APPLICANT'S SIGNATURE _____ DATE _____

SPOUSE'S SIGNATURE _____ DATE _____

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