

# APPLICATION FOR MEMBERSHIP

Bellingham Mountain Rescue Council  
PO. Box 292  
Bellingham, WA 98227



Today's date: \_\_\_\_\_  
Month/Day/Year

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Day/Year

Address: \_\_\_\_\_  
Street City State Zip

Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cellular: \_\_\_\_\_ Cellular phone service provider: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Climbing Courses:** List name of club or school, and dates.

- Basic: \_\_\_\_\_  
\_\_\_\_\_
- Intermediate: \_\_\_\_\_  
\_\_\_\_\_
- Advanced: \_\_\_\_\_  
\_\_\_\_\_
- Other: (specify) \_\_\_\_\_

**Climbing Experience:** Peak, location, route, date.

- Rock: \_\_\_\_\_  
\_\_\_\_\_
- Snow & Glacier: \_\_\_\_\_  
\_\_\_\_\_
- Winter Climbs: \_\_\_\_\_  
\_\_\_\_\_
- Expeditions: \_\_\_\_\_  
\_\_\_\_\_

**Medical Training:** Level of training (Basic First Aid, Advanced First Aid, EMT) and expiration date. \_\_\_\_\_

**Other Relevant Training and Experience:** (Radio, wilderness, survival, clubs, other Search & Rescue, etc. ) \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

**Equipment:** Please check equipment that you own.

Crampons	Down/Fiberfill parka
Helmet	Down/Fiberfill mitts
Ice axe	Down/Fiberfill sleeping bag
Ice screws	Rock hardware rack (chocks, stoppers, etc.)
Ice hammer	Rescue pulleys
Snowshoes	Ascenders
Snow shovel	Stove (specify) _____
Headlamp	Tent (specify) _____
Flukes	Skis (specify) _____
Pickets	Climbing rope (specify) _____
Other (specify):	_____

---

**In addition to completing this form, you will need to complete an Emergency Worker Registration Card, and pass a criminal background check by the Whatcom County Sheriff's Office. If you have further questions, please contact Jim Hall at 360-305-2887 or write to PO Box 292 Bellingham, WA 98227.**

**This form should be mailed to P.O. Box 292 Bellingham, WA 98227 or hand delivered to a BMRC Board member at the next monthly membership meeting.**