

Membership Year: April 1 to March 31

**NASSAU HIKING & OUTDOOR CLUB NEW MEMBERSHIP APPLICATION**

I/we hereby apply for membership in the Nassau Hiking & Outdoor Club, (NHOC). I/we understand that:

1. Hiking and other outdoor activities are inherently dangerous and each of us assumes all the risks involved whenever we participate in a Club activity;
2. Each person is responsible for being properly equipped; hiking boots and suitable clothing are necessities;
3. Unless the activity description indicates otherwise, always bring lunch, water, and rain gear.
4. Each person must be sure the activity does not exceed his/her ability; I/we will consult a physician about any question of health or ability to participate and call the leader if I/we have any questions about the activity;
5. The location, duration and degree of difficulty of each hike or the other activity are determined by the hike/activity leader.

\*

I/we understand that the hike and other activity leaders are not employees or agents of NHOC, but volunteers who want each participant to enjoy a safe, pleasant, outdoor experience. I/we agree to give them complete attention and cooperation.

\*

I/we understand that in order to participate in a Club activity, each person(s) must have read and signed the SIGN IN / RELEASE FORM.

\*

I/we further agree to abide by all bylaws, rules, and regulations of the Nassau Hiking & Outdoor Club.

\_\_\_ INDIVIDUAL MEMBERSHIP \$25

\_\_\_ FAMILY MEMBERSHIP \$30

Family membership includes children up to age 17. A child 18 years or older and not a full-time student must join as an Adult.

\*

I/we would like to help with an additional gift of \$ \_\_\_\_\_ to enable NHOC to continue its high level of yearly activities.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

If this is a **family membership**, please list names of family members who may hike with you.

All members must sign this **release form**.

First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Signature \_\_\_\_\_

First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Signature \_\_\_\_\_

First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Signature \_\_\_\_\_

Send a check payable to **Nassau Hiking & Outdoor Club,**  
**P.O. Box 321, West Hempstead, NY, 11552**