

CIWC Membership Application

Date _____

Contact information will be printed in the annual membership directory.

Name _____

- New Membership
 Single Membership (\$25)
 Family Membership (\$35)

Spouse/ Other _____

Address _____

- Renewal Membership
 Single Membership (\$25)
 Family Membership (\$35)

City _____ State _____ Zip _____

We send out quarterly newsletters. How would you like to receive them :

- Paper newsletter Electronic newsletter (provide email address below) Both

Phone (Preferred) _____ (Other) _____

Primary email _____ Date of Birth _____

Spouse/Other email _____ Date of Birth _____

Where did you hear about us? _____

Outdoor Experience? _____

Areas of interest:

- | | | |
|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Backpacking | <input type="checkbox"/> Bicycling | <input type="checkbox"/> Cross Country Skiing |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Climbing | <input type="checkbox"/> Trail Maintenance |
| <input type="checkbox"/> Whitewater | <input type="checkbox"/> Spelunking | <input type="checkbox"/> Winter Camping |

Dues can be paid via PayPal by visiting our website, www.ciwclub.org. Otherwise, please make checks payable to Central Indiana Wilderness Club and mail dues and application to:

CIWC
PO Box 44351
Indianapolis, IN 46244