



International Islamic university

Islamabad

Islamians Adventure Club



Membership form:

Personal Particulars

First Name: Last Name:

Father's Name:

Date of Birth:

--	--	--	--	--	--

NIC No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Present Address:

Contact No: Email Address:

Department: Semester:

Special Interests:

Mountaineering

Indoor Climbing

Skiing

Rock Climbing

Mountain Excursion

Rafting/Boating

Ice Climbing

Trekking

Other

Past Experience in special Interests:

.....
.....
.....
.....

Declaration /Undertaking:

I hereby declare and undertake following:

1. I fully agree with the objectives of IAC and commit to support its activities for the promotion of adventure sports in Pakistan.
2. I have read the club by laws and code of conduct of the IAC and fully agree with it and undertake to abide by them. I understand in case of violation of the code of conduct I stand to be terminated from the club membership.
3. I hereby give my consent to attend course/expedition or other activity organize by IAC and give my permission for any emergency anesthesia, Operation, hospitalization or other treatment which might become necessary during the course of activity.
4. I shall not render / put forward any claim what so ever, for any inconvenience, injury, physical harm or expenditure incurred during the course of activity.
5. I agree not to hold IAC responsible for any harm to myself due to failure in provision of relevant information. In case of the information provided above is proved wrong then IAC has the right to terminate my club membership.
6. I shall intimate the IAC, in writing if there is any change in the above mentioned information / Particulars.

Date:

Applicant's signature

Introduced By: Name:

Membership No:

Signature:

Note:

1. Membership fee is for 1year.
2. Registration fee as associate member is Rs 250/- and annual Subscription is Rs 150/-
3. After 1year associate member will become full member.

For Official Use only:

Fee received: **for year 2010 to 20...** **Fee Recipient No:**

Membership No:

--	--	--

Date:

President Signature:

Secretary Signature: