

**Any questions? Contact us!**

Call 01738 493 943 or email
membership@mountaineering.scot

**www.mountaineering.scot**

 **Gift membership application form**

**Please return this completed form to:**Mountaineering Scotland, The Granary,
West Mill Street, Perth PH1 5QP

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| **Recipient name:** |
| *Additional names for Joint or Family membership and ages of children:* |
|  |
| **Recipient’s address:** |
|  |
|  | **Postcode:** |  |
| **Recipient’s email:** |

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| **Welcome pack** |  |
| Preferred membership start month …..…………….*Please tell us where to send the member’s welcome pack:* |
| * Send directly to the recipient

 *(in time for the membership start date)* |  | □ |
| * Send pack to me
 |   | □ |

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| **Choice of a free gift***See full selection at:* ***www.mountaineering.scot/gift-membership*** |
| **Beanie hat:** Black | Gold | Teal blue | Purple  | □ |
| **ClimbScotland** **chalk bag:** Black | Blue | Gold | Green | Purple | □ |
| **Wind jammer:** ClimbScotland | Mountaineering Scotland | □ |
| Choice of **map** *(please specify)……*………….. | □ |
| Choice of **DVD** *(please specify)....*...………….. | □ |

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| **Gift card** *– enter your message for a personalised gift card or leave blank for no card:* |
| **To** *(recipient)*:  |
| **From** *(your name)*: |
| **Your message:** |

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| **Your name:** |
| **Address:** |  |
|  |
|  | **Postcode:** |  |
| **Telephone:** |
| **Email:** |

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| **Membership category** |
| Up to 10% discount on standard membership prices\* |
| Individual | □ | £30.00 |
| Youth | □ | £15.00 |
| Joint (2 adults at same address) | □ | £49.00 |
| Family (one adult and kids under 18) | □ | £32.00 |
| Family (two adults and kids under 18) | □ | £51.00 |
| Total |  | £ \_\_\_\_\_\_\_ |
| *\* This offer is only available to UK residents* |

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| **Payment options**□ **Cheque** □ **Credit/Debit Card**  |
| *Please make your cheque payable to:* ***Mountaineering Scotland****(****c****heque payments from UK bank accounts only)***Card number** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_Valid from *(if applicable)* \_ \_/\_ \_ **Expires** \_ \_/\_ \_Issue no. *(if shown)* \_ \_ **Security code** \_ \_ \_ |
| **Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date** \_\_\_\_\_\_\_\_\_ |
| *Please supply the address to which your card is registered IF it is different from that above.***Please allow 10 working days for your application to be processed.** |