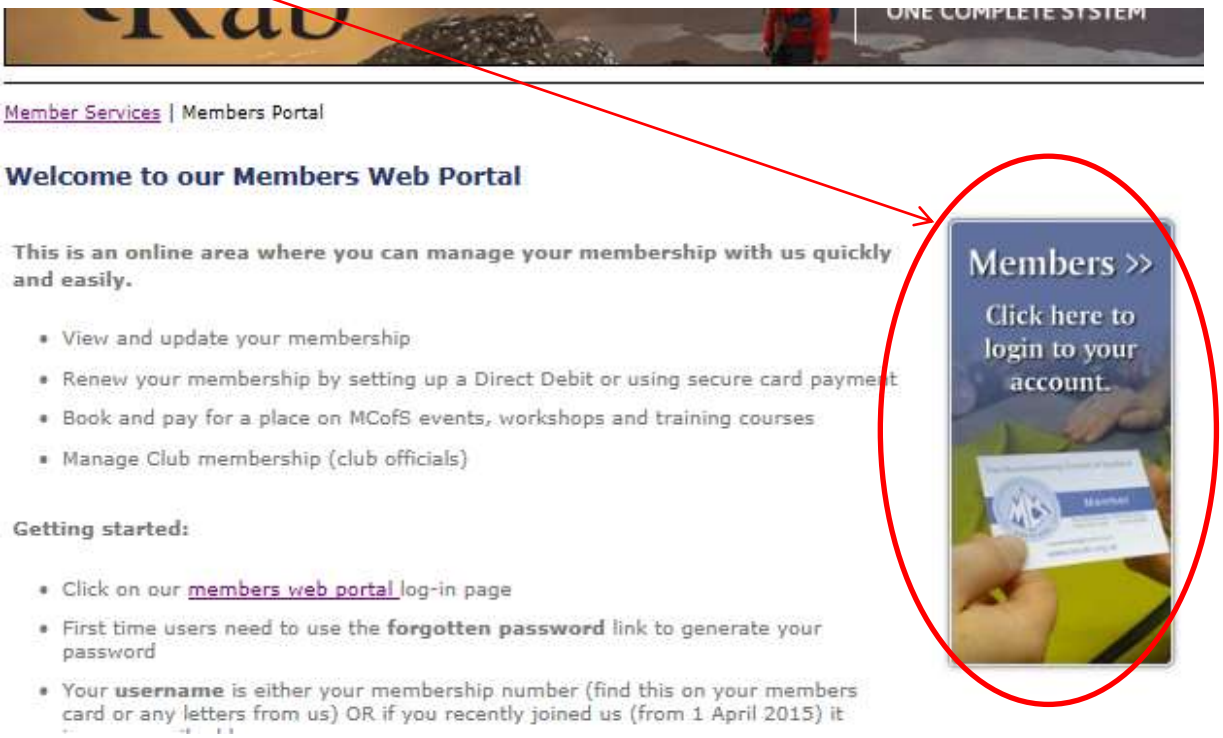
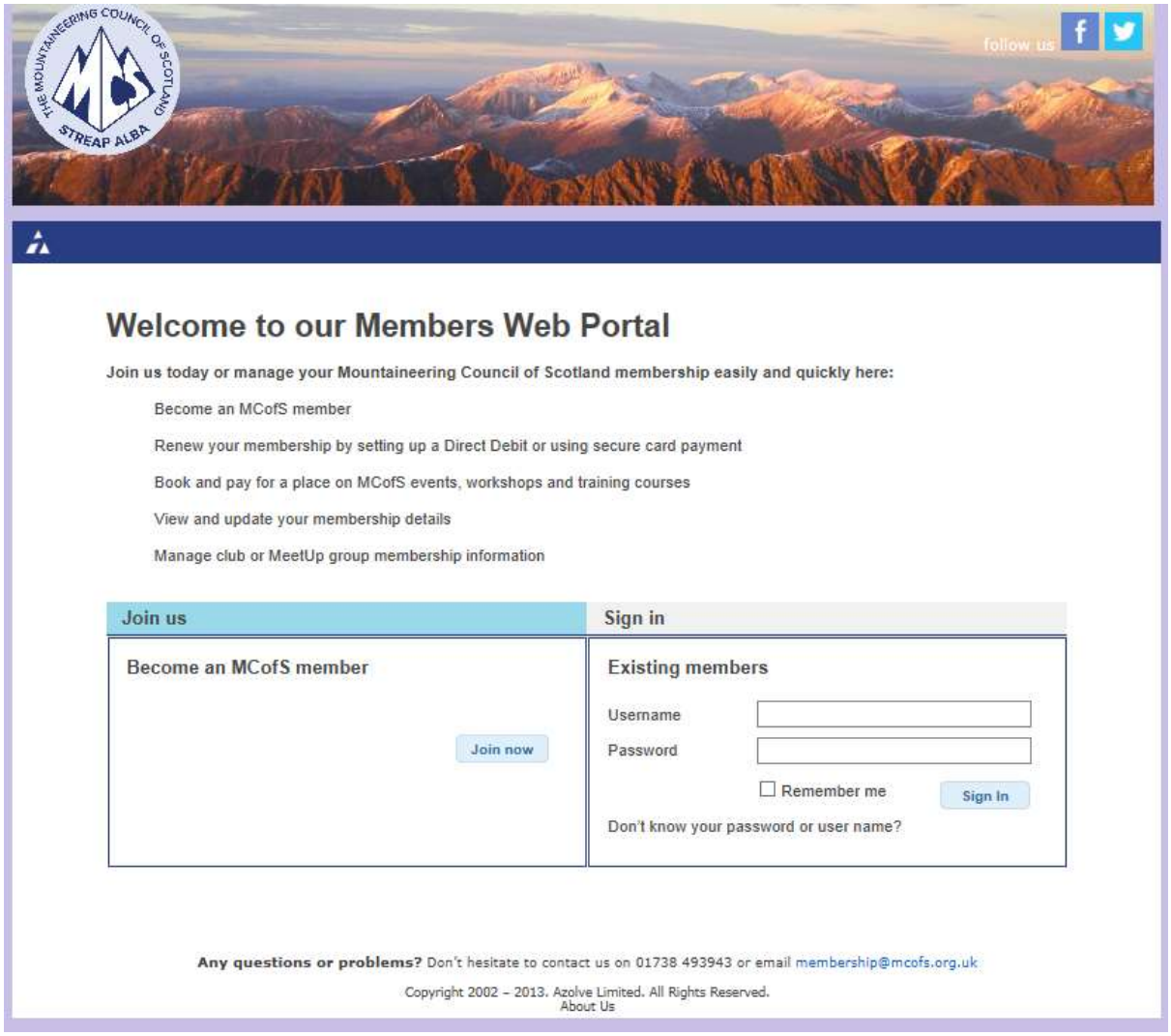
## To enter SYCC as MI or BMC member

Goyo the MCofS Members Web Portal at the address: http://www.mcofs.org.uk/selfservice.asp

Click here



Enter your details in the Join us section (you do not need to become a member of MCofS!)



Complete the form:

## Join us today

### Next steps

Thank you for choosing to join the Mountaineering Council of Scotland online!

1. Please fill out your contact details here and click Next
2. You will receive an email confirmation in several minutes
3. Click on the link in this email to complete your registration and pay for your membership

### Your contact details

| | |
|---|---|
| Title | Miss |
| Gender | Female |
| First name | test |
| Surname | othermcofs |
| Email address | other@mcofs.org.uk |
| Choose a password | •••••••••••• |
| Confirm password | •••••••••••• |
| Date of birth | 01/01/1999 |

### For competition entries only, please confirm if...

☑ I am a member of Mountaineering Ireland

[Please enter Ireland number] test123

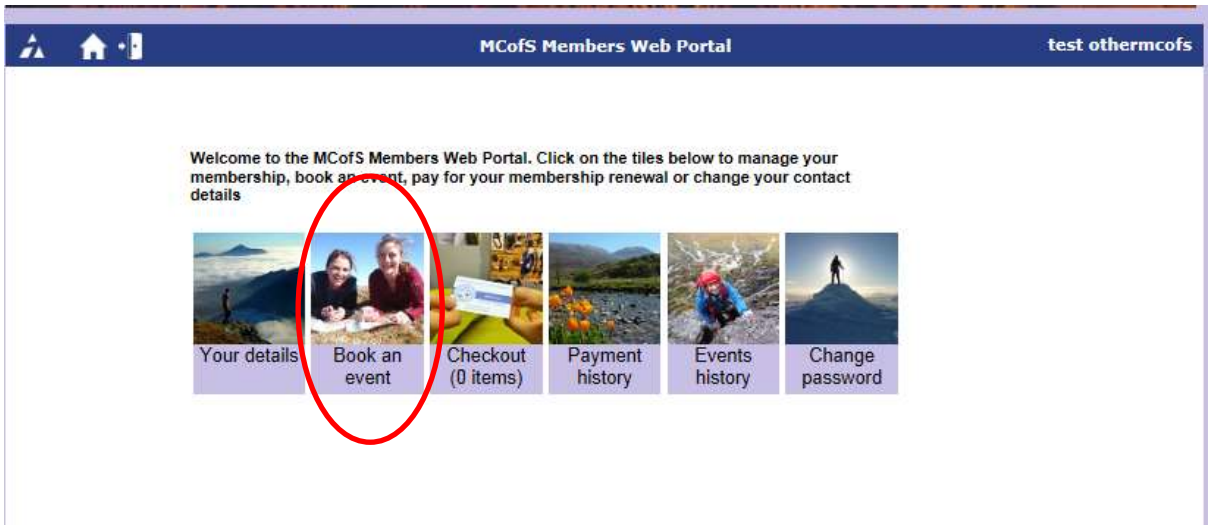
☐ I am a member of British Mountaineering Council

This information is needed for your event entry

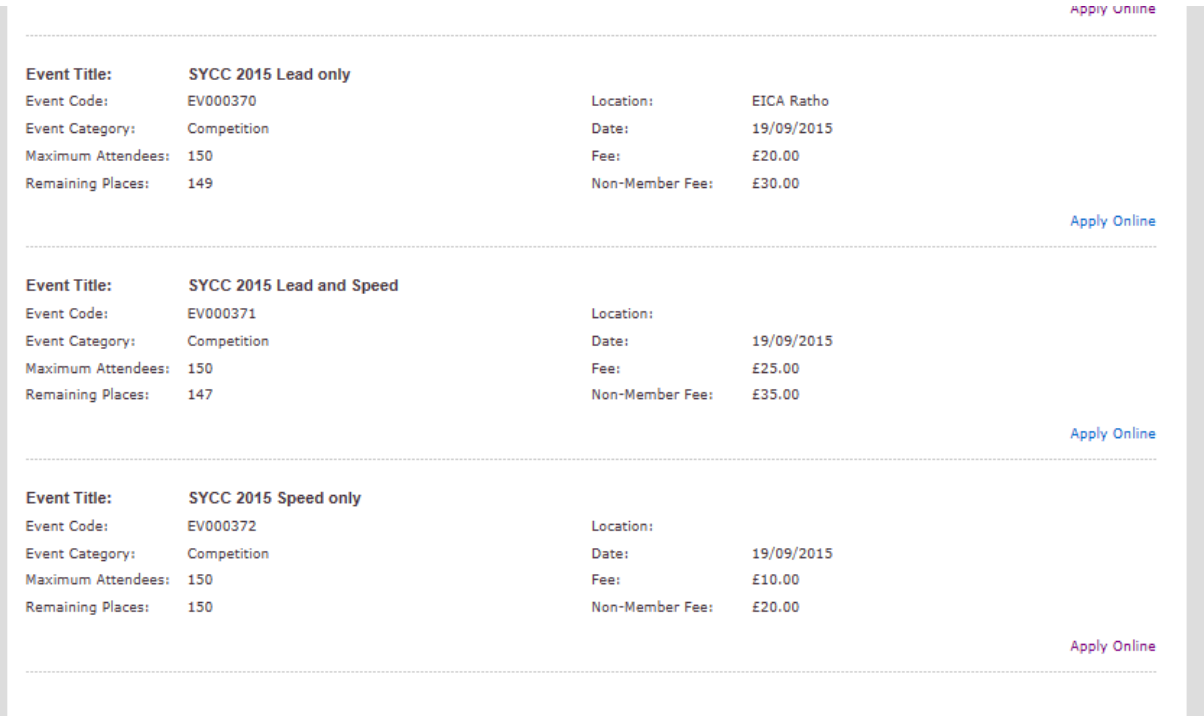
| | |
|---|---|
| Address line 1 | MCofS |
| Address line 2 | |
| Address line 3 | Perth |
| Post code | PH1 5QP |
| County | |
| Country | |
| Contact number | 01738 493 943 |

Next Cancel

You will receive a login via your email address.  Once logged in through the Existing members section, select “Book an event”




Select the event and proceed through the booking form.



Details

# Events Booking Form

Please check and complete your details below.

## Member Details

| | |
|---|---|
| Member ID: | ME070738 |
| First Name: | test |
| Surname: | othermcofs |
| Date of Birth: | 01/01/1999 |
| Telephone Number: | 01738 493 943 |
| Email Address: | other@mcofs.org.uk |
| Fee: | £ 10.00 |

***All event attendees under the age of 18 must be accompanied by a responsible adult on the event day:***

| | |
|---|---|
| Responsible adult on the event day: | |
| Relationship to you: | |
| Adult/young person ratio: | |
| Contact mobile: | |
| Contact email: | |

***Please provide details for someone we can contact on the event day in the case of an emergency:***

Same as responsible adult ☐

| | |
|---|---|
| Emergency contact name: | |
| Relationship to you: | |
| Contact mobile: | |
| Contact email: | |

***We require parental consent for all event attendees under the age of 18:***

| | |
|---|---|
| Parent name: | |
| Parent email: | |
| Parent mobile: | |

I confirm that I have read and agree to the following documents and requirements

[MCofS Participation Statement] ☐

[MCofS Event Code of Conduct]

Use of the data provided here in line with the [MCofS Data Protection Policy]

Use of images and video of my child taken at the event by the MCofS for MCofS

Proceed to payment by card with Netbanx.