

MEMBERSHIP APPLICATION



Certified Guides Federation, P.O. Box 1006, Boulder, CO 80306

Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

Date of Birth: ____/____/____ Gender: _____

Number of years working as a professional guide: _____

Discipline and type of guide certification (example; AMGA Rock Instructor):

Number of days you intend on working through the CGF per year: _____

WFR or EMT exp. date _____ CPR exp. date _____ *(please include a photocopy of your certification)*

What type of membership are you applying for? Please check the appropriate box.

Active Member: (\$1000 per year) receives all member benefits such as liability insurance and unlimited use of permits (realizing of course, there will be limits from the land managers). This member would have some sort of priority over the lower level members for difficult permits with limited user days.

Associate Member: (\$300) receives benefits for a specific number of days per year (20). This level of membership is for the guide that spends most of his time guiding for another company maybe even their own, but needs international liability insurance or access to certain permits for a short period of time during the year.

Supporting Member: (\$100) This is for the guide or lay-person that will not use any of the benefits but wants to support the cause.

I agree to abide by the CGF membership contract and to support the highest standards and professionalism in mountain guiding and instruction

Signature of Applicant: _____ Date: _____