



SHOTOVER 4WD CLUB 2011

MEMBERSHIP FORM

NAME: **Family / Single**
(Same Cost)

ADDRESS:
.....

HOME PHONE:

MOBILE PHONE:.....

E-MAIL ADDRESS:

OCCUPATION OR AREA OF EXPERTISE:.....
.....

4WD VEHICLE

MAKE:..... **MODEL:**..... **YEAR:**.....**REGO:**.....

INSURANCE YES / NO **WOF: YES / NO** **REGISTRATION: YES / NO**

MODIFICATIONS IF ANY:

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2nd 4WD VEHICLE

MAKE:..... **MODEL:**..... **YEAR:**.....**REGO:**.....

INSURANCE YES / NO **WOF: YES / NO** **REGISTRATION: YES / NO**

MODIFICATIONS IF ANY:

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4X4 EXPERIENCE AND WHAT WOULD YOU LIKE TO GET OUT OF THE CLUB:

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.....

MEDICAL CONDITIONS

This is a voluntary disclosure section and is here so the club / trip leaders can be better prepared in knowledge and equipment should you need help on trips in remote areas. Any conditions will in no way exclude you from the club. Medical conditions you list here will be followed up by someone in the committee as to procedures and treatment.

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I grant permission to the Shotover 4WD Club to share the information that I have filled in above with other club members.

SIGNATURE

MEMBERSHIP FEE \$ _____ **PAID: YES / NO**

DATE: