

# *SHOTOVER 4 WHEEL DRIVE CLUB*

## **2010 MEMBERSHIP FORM**

**NAME:** ..... Family / Single

**ADDRESS:** .....

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**PHONE:** ..... **MOBILE:**..... **E-MAIL:** .....

### **4WD VEHICLE**

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

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

**MODIFICATIONS IF ANY:** .....

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### **2ND 4WD VEHICLE**

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

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

**MODIFICATIONS IF ANY:** .....

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**4X4 EXPERIENCE:** .....

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**P.T.O.**

**WHAT WOULD YOU LIKE TO GET OUT OF A LOCAL 4WD CLUB? (circle as many as apply)**

- 1. Gain confidence with your 4 wheel drive
- 2. learn more about off road 4 wheel drive
- 3. Experience back country 4 wheel driving as part of a club
- 4. Start competing in club rallies, mud plugs and winch challenges
- 5. Offer assistance to 4 wheel drive competitions in the future

Other: .....

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**WHAT EXPERIENCE CAN YOU BRING TO THE CLUB (circle as many as apply)**

- 1. Previous club experience
- 2. Committee experience
- 3. Previous 4 wheel drive experience
- 4. Technical / Professional

Other: Member Auckland Club for 20 years. Extensive trip leader experience.

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**MEDICAL CONDITIONS**

This is a voluntary disclosure section and section 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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**MEMBERSHIP FEE \$ PAID: YES / NO**

**DATE: .....**