



2018/19 MEMBERSHIP FORM

NAME: _____

ADDRESS: _____

HOME PHONE: _____ MOBILE PHONE: _____

E-MAIL ADDRESS: _____

4WD VEHICLE DETAILS:

MAKE: _____ MODEL: _____

YEAR: _____ REGO: _____

INSURANCE: YES / NO WOF: YES / NO REGISTRATION: YES / NO
(Please note it is a club requirement that these are kept valid so please ensure these are up to date!)

Modifications (If you wish to share/gloat about): _____

2nd 4WD VEHICLE DETAILS:

MAKE: _____ MODEL: _____

YEAR: _____ REGO: _____

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

IN CASE OF EMERGENCY CONTACT DETAILS:

Please note this person should be someone NOT likely to be with you on a trip - its no good us phoning you partner who's sitting in the seat next to you!

NAME: _____ CONTACT NUMBER: _____

RELATIONSHIP TO YOU: _____

MEDICAL CONDITIONS:

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

Membership Fees:

Standard Membership - \$55
Current NZ4WD Association affiliated club member membership - \$25 (Please fill in below)

Club Name: _____ NZ4WDA Number: _____

Fees can be paid to our SBS Account:

ACC NAME: Shotover Four Wheel Drive Club Inc **ACC NUM:** 03-1355-0755538-00

Please use your **Surname** as the Reference, and **Membership** as the Code.

DATE PAID: _____

YOUR MEMBERSHIP WILL BE CONFIRMED VIA EMAIL ONCE WE HAVE RECEIVED THIS FORM AND PAYMENT HAS CLEARED INTO OUR ACCOUNT - NEW MEMBERS MAY BE CONTACTED BY THE PRESIDENT OR CLUB CAPTAIN TO CHECK YOUR VEHICLE MEETS THE CLUB RULES

- * By completing and signing this form you agree to adhere to the Shotover 4WD Club rules and conditions, as detailed on our webpage, <http://www.shotover4wdclub.co.nz/club-info/>
- * I give permission for the possibility of yourself and or your vehicles pictures on club trips to be put on our website or Facebook pages that other members can see.
- * I grant permission to the Shotover 4WD Club to share the information that I have filled in above with other club members should the need arise.

SIGNATURE: _____