



CENTRAL HILLS 4WD CLUB INC

PO BOX 1047 MT BARKER SA 5251

Telephone – 0408 847 667

MEMBERSHIP APPLICATION FORM

APPLICANT/S

NAME/S	SURNAME	GIVEN NAMES	DoB	/ /
	SURNAME	GIVEN NAMES	DoB	/ /
RESIDENTIAL ADDRESS	STREET			
	TOWN	STATE	POSTCODE	
POSTAL ADDRESS	STREET			
	TOWN	STATE	POSTCODE	
PHONE	Business (optional) ()	Home ()		
E-MAIL	@	Mobile (optional)		

VEHICLE DETAILS

Make of Vehicle		Year	
Model		Colour	
Registered owner		Registered No.	

INSURANCE

Comprehensive 3rd Party Property No Insurance

Company Expiry Date / /

CLUB MEMBERSHIP DETAILS

Are you a member of any other club which is a member of SAAFWDC

No Yes

If Yes which club/s

Reason why you wish to join the Central Hills 4WD Club

Club Functions or Meetings attended

1	<input type="text"/>	Date	/ /
2	<input type="text"/>	Date	/ /
3	<input type="text"/>	Date	/ /

PLEASE TURN OVER → → → →

FAMILY APPLICATION**(TO BE COMPLETED IF FAMILY MEMBERSHIP IS SOUGHT)**

CHILD'S NAME

SURNAME

GIVEN NAMES

DoB

/ /

CHILDS NAME

SURNAME

GIVEN NAMES

DoB

/ /

CHILD'S NAME

SURNAME

GIVEN NAMES

DoB

/ /

CHILD'S NAME

SURNAME

GIVEN NAMES

DoB

/ /

SKILL AND KNOWLEDGE

Do have any special skills or knowledge which you are prepared to share with the Club?
If so please give details....

SIGNATURES

Signature of Applicant

Date

/ /

Nominated by (CH4WDC Member)

Name

Nominator's signature

Date

/ /

Note: All Applications must be approved by the Committee, before acceptance as a new Member**MEMBERSHIP OFFICER**

Date received	/ /	Date posted at meeting	/ /
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SECRETARY

Objections received	Yes		No		Date membership approved	/ /
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TREASURER

Joining Fees Due	\$		Fees Paid	\$		Receipt No	
Membership Fees Due	\$		Date	/ /		Membership No	