



CENTRAL HILLS 4WD CLUB INC

PO BOX 1047 MT BARKER SA 5251

Telephone – 0408 847 667

MEMBERSHIP RENEWAL FORM

The Committee request that Members complete this form when renewing membership so that Club records can be updated where necessary

APPLICANT

NAME/S

SURNAME		GIVEN NAMES	
SURNAME		GIVEN NAMES	

RESIDENTIAL ADDRESS

STREET			
TOWN		STATE	
		POSTCODE	

POSTAL ADDRESS

STREET			
TOWN		STATE	
		POSTCODE	

PHONE

Business (optional)	()	Home	()
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E-MAIL

@	Mobile (optional)	
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Committee Use Only

Renewal Fee Paid	\$		Treasurer	
			Date	/ /

If address or contact changes have occurred, these have been noted –

Secretary		Membership Officer	
	Newsletter Editor		