

APPENDIX 3 Page 1
CITYWEST 4 x 4 CLUB Inc.

APPLICATION FOR MEMBERSHIP

APPLICANT DETAILS

Name (1): _____ Name (2): _____
Occupation (1): _____ Occupation (2): _____
Home Address: _____
Postal Address: _____
Home Phone: _____ Business Phone: _____
Mobile (1): _____ Mobile (2): _____
E-Mail (1): _____ E-Mail (2): _____

BIRTHDAYS (Please include for all individuals)

Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____

TYPE OF VEHICLE

Year: _____ Make: _____ Model: _____
Reg No: _____ Colour: _____ Manual: Automatic
LWB: or SWB: Fuel: Petrol LPG Diesel
Do you have a radio? Yes No If Yes what type(s)?: 27Mhz UHF HF

(Optional) Is there any health or medical condition that is in your best interest for the club to be made aware of?

DECLARATION

The undersigned acknowledge that the conditions of membership on the reverse of this form have been read and agree to be bound by the rules of the CITYWEST 4x4 Club Inc. (the "Club") as in force at any time, and understand that every person and vehicle participating in any club activity do so at their own risk.

Signature of Applicant (1): _____ Date: _____
Signature of Applicant (2): _____ Date: _____

Post To: CITYWEST 4x4 Club Inc.
PO Box 1514, Melton West, Vic 3337