



On All 4's 4wd Club Inc.

P.O. Box 930 Stanhope Gardens NSW 2768

\$75.00 new member. \$30.00 Renewal

Membership Application / Renewal Form

Date- _____

Name-
Surname - _____ Given Names - _____

Address - _____

Postcode - _____ Occupation - _____

Current Drivers Licence Number - _____

Phone Number - (Home) _____ (Work) _____

(Mobile) _____ (Email) _____

Vehicle -
Make - _____ Model - _____

Colour - _____ Registration Number - _____

Partners Name - _____

Current First Aid Certificate - (Yes / No) Type of Membership - (Circle One)

Radio Details - 27 Meg CB	(Yes / No)	Single New Membership -	\$
UHF CB	(Yes / No)	Single Membership Renewal -	\$
HF (Flying Doctor)	(Yes / No)	Dual New Membership -	\$
Satellite Phone	(Yes / No)	Dual Membership Renewal -	\$

Previous 4x4 Experience - (Very Little) (Moderate) (Been 4wd driving For Years) (Circle One)

What grade do you class yourself - (A to C) (B) (C) (Circle One)

Proposed By - _____ Seconded By - _____

I hereby apply to become a member of the On All 4's 4wd Club Inc. In the event of my admission as a member, I agree to be bound by the rules of the Four Wheel Drive NSW & ACT Inc. and the On All 4's 4wd Club Inc. by-laws for the time being in force.

Signed - _____ Date - _____

Office use only -

Date Paid - _____ Membership Expiry Date - _____

Amount Paid - \$ _____ (Cash / Cheque) Approved - (Yes / No)