

APPLICATION FOR MEMBERSHIP



Welcome to the Geelong 4WD Club, we are pleased to have you apply to be a valued member of our great club.

On Completion of this form the Committee will be voting on your application, Please make yourself known to our Committee so that we can be confident that you are the type of Member that will play a part in the future of the Club.

Do you know any members of the Geelong 4wd Club and is so what are their names _____

What brought you to apply for Membership to the Geelong 4wd Club _____

What are you looking for from your membership? _____

DATE _____ SIGNATURE _____

MEMBERS SURNAME _____ FIRST NAME _____

PARTNERS SURNAME _____ FIRST NAME _____

HOME ADDRESS _____

SUBURB _____ POSTCODE _____

POSTAL ADDRESS _____

SUBURB _____ POSTCODE _____

HOME PHONE _____ HOME FAX _____

(Please indicate if silent)

WORK PHONE _____ WORK FAX _____

MEMBERS MOBILE _____ PARTNERS MOBILE _____

MEMBERS E-MAIL _____

PARTNERS E-MAIL _____

TYPE OF VEHICLE _____ REGISTRATION NUMBER _____

ENGINE TYPE _____

CHILDREN- Under 16

SURNAME	FIRST NAME	M/F	DATE OF BIRTH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMPLETED AND SIGNED FORM TO BE RETURNED TO

- to: **Secretary, Geelong 4WD Club, PO Box 976, Geelong 3220.**
- Or e-mail to treasurer@geelong4wdclub.org.au
- Or Hand in the completed form at our general meeting held on the second Wednesday of each month