



ABN 93 420 435 467
PO BOX 40 LURNEA NSW 2170

APPLICATION FOR MEMBERSHIP

MEMBERSHIP TYPE: FAMILY / SINGLE

Membership No.	SELF	PARTNER
Full Name		
Home Address		
Date of Birth		
Phone		
Email Address		
Next of Kin Details <i>(In Case of an emergency)</i>	Ph:	Ph:
Occupation		
Children's Details		
<i>Male / Female</i>		
<i>Date of Birth</i>		
Vehicle Details	<i>Make:</i>	<i>Model:</i>
	<i>Rego:</i>	<i>Petrol / Diesel / LPG</i>
	<i>Modifications:</i>	
Previous 4WD Experience <i>(include any courses)</i>		
Previous Club Memberships		
Committee Positions Held		
Hobbies and Interests		

I **give / do not give** permission for photos of me, my family and / or vehicle to be used for promotional purposes by the Off Road 4x4 Club of NSW Inc. E.g. club magazine, website, show stands etc

Signed :

Date:

Signed:

Date: