

# Whitsunday Coast 4x4 Club Inc.

## Membership Application Form



MEMBERSHIP FEES		
Type	Description	Cost
Individual	Individual must be over 17 years old	\$65 per person
Family	Individuals who are immediate family members; and are travelling in the same vehicle. All members must complete member details and sign acknowledgement.	\$55 per person
Children	Any passenger under 18 years old who is not driving the vehicle	free

MEMBER DETAILS (see page 3 for additional family members)	
Full Name:	Member Number:
Driver's License Number:	Date of Birth: / /
Residential Address:	
Postal Address:	
Email Address:	
Mobile number:	Other phone:

FOUR WHEEL DRIVING EXPERIENCE			
<input type="checkbox"/> <b>Nil</b> new to four-wheel driving	<input type="checkbox"/> <b>Basic</b> driven on dirt roads etc.	<input type="checkbox"/> <b>Some</b> sand driving, rough roads, hill climbs	<input type="checkbox"/> <b>Experienced</b> recoveries, steep climbs/descents

VEHICLE DETAILS			
Make & Model:			Year:
Registration: -	Colour:	UHF Call Sign:	
Insurance Policy Provider:		Policy Number:	
Type (i.e. full comprehensive)		Policy expiry: / /	

Emergency Contact	
Name:	
Phone:	Address:

CHILDREN	
Child 1 – Full Name & DOB	
Child 2 – Full Name & DOB	
Child 3 – Full Name & DOB	
Child 4 – Full Name & DOB	
Child 5 – Full Name & DOB	

# Whitsunday Coast 4x4 Club Inc.

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### ACKNOWLEDGEMENT

I hereby acknowledge that membership fees are for the period 1<sup>st</sup> January to 31<sup>st</sup> December each year and payable by the 31<sup>st</sup> January each year.

I hereby acknowledge that my membership fee to Whitsunday Coast 4x4 Club Inc. includes my membership to the QLD Four Wheel Drive Association and my 4WD Club Liability insurance premium.

I hereby acknowledge and agree to abide by the rules and conditions as set down in the Whitsunday Coast 4x4 Club Inc. **Constitution** and **By-Laws (code)**.

I hereby acknowledge that Whitsunday Coast 4x4 Club Inc. does not have any control over the names and/or pictures that individual members or guests may post on social media. If I do not wish for my name and/or photo to be published by others, I need to express my concern at the commencement of each trip or event.

I hereby acknowledge that from time to time the Whitsunday Coast 4x4 Club Inc. may publish members names and/or pictures in newsletters, magazines, newspapers, online and in social media.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PAYMENT OPTIONS

(payment to be submitted with lodgement of this form)

**Cash**

To be paid to the Treasurer at the next general meeting

**Direct Deposit**

Name: Whitsunday Coast 4x4 Club

BSB: 084 004

Account: 454 242 055

Reference Number: PLEASE USE YOUR LAST NAME

Amount paid: \$\_\_\_\_\_ Date paid: \_\_\_\_/\_\_\_\_/\_\_\_\_.

### LODGEMENT DETAILS

Please email the completed form to: [whitsundaycoast4x4@gmail.com](mailto:whitsundaycoast4x4@gmail.com)

### OFFICE USE ONLY

#### SECRETARY

- Added to membership register
- Added to email list
- Added to Facebook members group
- Issued car sticker
- Provided copy of Constitution
- Provided copy of Code of Conduct

#### TREASURER

- Issued Receipt # \_\_\_\_\_
- Deposited Funds (if applicable)

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ADDITIONAL FAMILY MEMBERS – MEMBER DETAILS	
Full Name:	Member Number:
Driver's License Number:	Date of Birth: / /
Residential Address:	
Postal Address:	
Email Address:	
Mobile number:	Other phone:

FOUR WHEEL DRIVING EXPERIENCE			
<input type="checkbox"/> <b>Nil</b> new to four-wheel driving	<input type="checkbox"/> <b>Basic</b> driven on dirt roads etc.	<input type="checkbox"/> <b>Some</b> sand driving, rough roads, hill climbs	<input type="checkbox"/> <b>Experienced</b> recoveries, steep climbs/descents

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Emergency Contact	
Name:	
Phone:	Address:

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Name: _____	Signature: _____
Date: ____/____/____	Parent Signature (if under 18): _____