

The Marlborough Four Wheel Drive Club Incorporated

Membership Application Form

Full Name**
Home Phone Fax Mobile
Email
Postal Address**
Occupation** Work Phone
Partners Name (or next of kin)
Vehicle Make Model Reg. No.
Insurance Co. Compulsory fields are marked **

Declaration (applicant and nominating full member to complete)

I declare the above details are correct and agree to advise the Club Secretary of any changes.

I have read and understood the Club Constitution, the Club Rules and the Club Driving Guidelines of The Marlborough Four Wheel Drive Club Incorporated, and I agree to abide by them.

I understand the substance of sections 4.4 and 4.5 of the Constitution and agree that I shall not hold the Club, any member of the Committee, any other Club Officer, any person involved in organising a Club activity, or any person working under the direction of the above, liable in any way for loss or damage done to person or property during or as a result of that Club Activity.

Applicant's Signature** Date**

Nominator's Signature** Print Name**

Probationary Membership (Committee use only)

Vehicle Check Completed (SO to sign) (date)
Driver Training Completed (DT to sign) (date)
Application Fee Paid (CS to sign) (receipt no.)
Approved by Committee (CC to sign) (date)

Full Membership (Committee use only)

1st Trip (Name) (date)
2nd Trip (Name) (date)
3rd Trip (Name) (date)
Approved by Committee (CC to sign) (date)
