

**MT EGMONT 4 WHEEL DRIVE CLUB INC
PO BOX 8014
NEW PLYMOUTH**



MEMBERSHIP APPLICATION FORM

NAME

ADDRESS

.....

HOME PHONE **MOBILE NUMBER**

OCCUPATION

VEHICLE DETAILS - MAKE **MODEL**

YEAR OF MANUFACTURE

OFFROAD DRIVING EXPERIENCE

.....

ANY PREVIOUS OR CURRENT FINANCIAL MEMBERSHIP TO ANY CLUB

.....

HAVE YOU EVERY BEEN REFUSED OR REMOVED FROM ANY CLUB **YES/NO**

APPLICANTS NAME (PRINT)

APPLICANTS SIGNATURE

SPONSORS NAME (PRINT)

SPONSORS SIGNATURE

DATE

NOTE: The information given in this application is for the use of the Mt. Egmont 4WD Club records only and will not be passed onto any other organization.