



TRAX 4WD FELLOWSHIP INC.

MEMBERSHIP APPLICATION FORM

Office Use Only

Date Received

Thank you for your interest in joining our Club. Please return this form PO Box 4745 North Rocks NSW 2151 or email to membership@trax.org.au

Direct Deposit to:- TRAX 4WD Fellowship, BSB 032-087, A/C 32-7669

New members Joining Fees - \$10.00

Annual Membership Fees - \$60.00 (expires 30th June)

Family Name:

First Name:

DOB:

Member: _____ / /

Member: _____ / /

Children: _____ / /

_____ / /

_____ / /

_____ / /

Address: _____

Suburb: _____ **Post Code:** _____

Tele Home: _____ **Work:** _____

Mobile: _____

Preferred Contact Number: _____ I want my number listed in Club Telephone List Yes[] No[]

E-mail: _____

Emergency Contact: _____ **Number:** _____

Vehicle Make: _____ **Type/Model:** _____

Year: _____ **Rego No:** _____

2nd Vehicle: _____ **Type/Model:** _____

Year: _____ **Rego No:** _____

Only one vehicle is to be taken on any one trip.

UHF Radio: [Yes] [No]

HF Radio: [Yes] [No]

27MHz Radio: [Yes] [No]

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Medical conditions: Do you have a medical condition or allergy that may require special treatment or consideration by emergency personnel or doctor in the event of an accident? If so please ask for a Medical Alert Card for your safety. The card when completed will be sealed and held in the Club First Aid Kit.

Have you or are you currently a member of any other 4WD Club or Association?: **[Yes] [No]**

If yes, please give details: _____

Have you completed any form of Driver Training: **[Yes] [No]** Level: _____

Do you have any First-Aid Certificates or Qualification? **[Yes] [No]**

Type of First-Aid Qualifications: _____ Current: **[Yes] [No]**

Declaration:

I/We hereby agree to abide by the TRAX 4WD Fellowship Inc. Constitution Rules and By-Laws in all activities by the Club.

I/We hereby agree that members and guests participating in any Club Activity, do so at their own risk and shall exonerate the TRAX 4WD Fellowship Inc. its officers and members from any liability arising from said activity.

Signed: _____ **Date:** ____/____/____

Nominated by: 1st _____ 2nd _____
(Member Signature required) (Member Signature required)

COMMITTEE USE

I hereby certify that the name/s listed on this application were accepted as members/s of the TRAX 4WD Fellowship Inc. at the Committee Meeting ____/____/____ and that all membership and joining fees have been received.

Secretary _____ Date ____/____/____

Member Number: _____

Membership Type: Full ^í - Associate ^í

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