



# 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 to PO Box 1029 Baulkham Hills, NSW 1755 or email to [membership@trax.org.au](mailto: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 - \$50.00 (expires 30<sup>th</sup> June)

	<b>Family Name:</b>	<b>First Name:</b>	<b>DOB:</b>
<b>Member:</b>	_____	_____	____/____/____
<b>Member:</b>	_____	_____	____/____/____
<b>Children:</b>	_____	_____	____/____/____
	_____	_____	____/____/____
	_____	_____	____/____/____
	_____	_____	____/____/____

**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:** \_\_\_\_\_

**2<sup>nd</sup> 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:** 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_  
(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 <sup>1</sup> - Associate <sup>1</sup>

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