



The Four Wheel Drive Club of WA (Inc.)

PO Box 316, Inglewood WA 6932

www.4wdclubwa.com ABN – 31 218 745 475 Email: membership@4wdclubwa.com

New Member / Change of Personal Detail

PERSONAL DETAILS

Full Name(1): _____ Date of Birth: ____/____/____

Full Name(2): _____ Date of Birth: ____/____/____

Address: _____ Post Code: _____

Primary Email:

Phone: (Hm) _____ (Mob) _____

Primary Vehicle:

Make / Model: _____ Rego: _____ Color: _____

Secondary Vehicle¹ (Only required if you intend to use two separate vehicles on a Club trip – a \$20 fee for insurance purposes apply):

Make / Model: _____ Rego: _____ Color: _____

Children's Names:

D.O.B

1. _____ ____/____/____

2. _____ ____/____/____

3. _____ ____/____/____

Additional Family Members (A young adult aged 17 – 21 years who resides at home with their parents and wishes to drive their own vehicle on Club trips - \$20 fee for insurance purposes apply per additional family members vehicles):

1. _____ ____/____/____

2. _____ ____/____/____

Acknowledgements:

1. I / we acknowledge that we hold a current drivers licence/s and our vehicle is roadworthy, registered and insured.

2. I / we acknowledge that it is our responsibility to read and abide by the Club's Constitution and By-Laws that are located on the Club's website.

Applicants Signature: _____ **Date:** ____/____/____

Defence Force Service:

Have you ever served in the Australian Defence Force (Regular or Reserve Forces)? Y/N: _____

Are you a Current Member of Trackcare WA, wishing to join the Club²? Y/N: _____

(Continued Over.... for Bank Details, payment options and fee's.)

¹ Incurs a \$20 fee for insurance purposes.

² Current Trackcare WA members who wish to join the Four Wheel Drive Club get a \$10 discount.

Bank Details, Payment options and fees

Membership Fees: (Club Year 1st May to 30th April)

Membership Type:

Standard Membership - \$120

Reciprocal Membership – Free for the first three months.

Life Member – Free

Additional Fee:

Secondary Vehicle = \$20 per vehicle

Additional Family Member = \$20 per vehicle

Bank details for direct deposit:

BSB: **086495**

Acc: **572173732**

Name: **Four Wheel Drive Club of WA**

Put your **Surname** & **Nomad No** (if known) on the transaction details.

Note: Payment must be made at the time of application. Send completed form to the Club Membership Officer at:

membership@4wdclubwa.com

MEMBERSHIP

Membership Type: (Please Circle)

Standard

Life (No fees apply)

Secondary Vehicle

Additional Family Member

Membership Fees: \$ _____

Secondary vehicle⁶: \$ _____

Additional Family Member(s)⁷: \$ _____

Total: \$ _____

Nomad No: _____

(Allocated by Membership Officer)

Privacy Statement:

1. Personal information collected on this form is used solely for Club purposes. The data is stored and managed on the Club's database with restricted access. Details are not disclosed, sold or passed onto any third party.
2. Any person wishing to view the Club's membership register as per Sect 162 of the *Associations Incorporations Act 2015* may do so by applying in writing to the Executive Committee.