

APPLICATION FOR MEMBERSHIP SUZUKI 4 W.D. CLUB SOUTH AUSTRALIA inc.

New Application:- Renewal:-

Single Full Member:- Family Membership:-

PRINCIPAL MEMBER
Name:- _____
Address:- _____
Post Code: _____
Date of Birth:- _____
Occupation:- _____
Drivers Licence Number/State _____
Phone (Home):- _____
Phone (Work):- _____
Phone (Mobile):- _____
Fax:- _____
E-Mail Address:- _____

PARTNER
Name:- _____
Address:- _____
Post Code: _____
Date of Birth:- _____
Occupation:- _____
Drivers Licence Number/State _____
Phone (Home):- _____
Phone (Work):- _____
Phone (Mobile):- _____
Fax:- _____
E-Mail Address:- _____

VEHICLE 1 DETAILS
Make:- _____
Model:- _____
Year:- _____ Colour: _____
Registration Number: _____
Ins. Company/Broker: _____
Policy Number: _____
Expiry Date: _____
Indicate the type of Two Way Radio(s) if fitted.
HF: <input type="checkbox"/> UHF: <input type="checkbox"/> SSB:- <input type="checkbox"/> AM:- <input type="checkbox"/>
Has vehicle been modified:-
Yes:- <input type="checkbox"/> No:- <input type="checkbox"/>
If so please list the details on the back of this application.

VEHICLE 2 DETAILS
Make:- _____
Model:- _____
Year:- _____ Colour: _____
Registration Number: _____
Ins. Company/Broker: _____
Policy Number: _____
Expiry Date: _____
Indicate the type of Two Way Radio(s) if fitted.
HF: <input type="checkbox"/> UHF: <input type="checkbox"/> SSB:- <input type="checkbox"/> AM:- <input type="checkbox"/>
Has vehicle been modified:-
Yes:- <input type="checkbox"/> No:- <input type="checkbox"/>
If so please list the details on the back of this application.

PLEASE NOTE:

- 1.-A valid Insurance Policy **MUST BE PRODUCED** for all vehicles used on any club activity. At least Third Party Property Insurance is required. Membership will not be granted or renewed unless the insurance Policy **documents are sighted** by the Membership Officer **at the time of joining or renewal**. When the policy is renewed the Membership Officer **MUST** be given a copy of the new Certificate of Insurance.
2. New members will be allocated a Club Radio Call sign (S.C) when membership is approved. Existing members will retain their current club radio call sign upon renewal.
3. The clubs financial year ends 30th November & all renewals to be paid by the first meeting in the next January.
4. Membership status will not be confirmed until the prescribed fee is paid and proof of insurance has been sighted, Personal History Form signed.
5. **FEES** Joining Fee: \$20-00 Single Full Member \$50-00 Family Membership \$50-00

Please find attached cash/cheque/ money order to the value of _____ being for joining fees (if required) and membership fees.
Signature _____ Date _____

How did you find out about the club ? (New members only)

Display. Advertisement- Yellow Pages Internet- Another member- (Who _____)
Committee Use Only

Insurance Policy Sighted (Membership Officers Initials) _____
Mailing List Noted/Checked Yes / No Club Sticker _____ Card _____ Key Ring _____
Check List issued _____ Call Sign Allocated _____
Membership Proposal Accepted Yes/ No. Date of Status: _____ / _____ /20 _____
Receipt Number _____ Treasurers Signature _____

Contact (08) 82702503 for further information