

Application for Membership



APPLICANT DETAILS

Name (1):	_____	Name (2):	_____
Occupation (1):	_____	Occupation (2):	_____
Home Address:	_____		
		Postcode:	_____
Postal Address:	_____		
		Postcode:	_____
Home Phone:	_____	Business Phone:	_____
Mobile (1)	_____	Mobile (2):	_____
Email (1):	_____	Email (2):	_____

BIRTHDAYS (please include for all individuals)

Name:	_____	Date of Birth:	_____
Name:	_____	Date of Birth:	_____
Name:	_____	Date of Birth:	_____
Name:	_____	Date of Birth:	_____
Name:	_____	Date of Birth:	_____
Name:	_____	Date of Birth:	_____

Type of Vehicle

Year:	_____	Make:	_____	Model:	_____						
Rego:	_____	Colour:	_____	Manual:	<input type="checkbox"/>	Automatic:	<input type="checkbox"/>				
LWB:	<input type="checkbox"/>	or	SWB:	<input type="checkbox"/>	Fuel:	Petrol:	<input type="checkbox"/>	LPG:	<input type="checkbox"/>	Diesel:	<input type="checkbox"/>
Do you have a CB radio?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, what type(s)?	27Mhz	<input type="checkbox"/>	UHF	<input type="checkbox"/>	HF	<input type="checkbox"/>

(Optional) Is there any health or medical condition that is in your best interest for the club to be made aware of?

Declaration

The undersigned acknowledge that the conditions of membership on the reverse of this form have been read and agree to be bound by the rules of the City West 4x4 Club Inc. (the "Club") as in force at any time and understand that every person and vehicle participating in any club activity do so at their own risk.

Signature of Applicant (1): _____ **Date:** _____

Signature of Applicant (2): _____ **Date:** _____

Post To:

City West 4x4 Club Inc.
PO Box 1514,
Melton West, VIC, 3337

OR hand to a Committee Member at a general meeting (2nd Tuesday of each month)

Conditions and Declaration of Membership

Family Membership

In the case of a family membership both members wishing voting rights must sign the application form.

Registration & Insurance

All vehicles participating in CLUB trips and activities must be registered and maintained in a roadworthy condition, having as a minimum, Third Party Property motor vehicle insurance cover.

General Indemnity

Upon acceptance by the CITY WEST 4 X 4 CLUB INC. (“the CLUB”) of this application, the applicant(s) whose signature appears on the form, do hereby indemnify and keep indemnified the CLUB, its officers, members, servants, or agents, insofar as they are not legally entitled to be indemnified under any policy of insurance whatsoever, from and against any damages, claims or demands whatsoever which may befall or occur to themselves, their spouse, children, guests, or visitors as a consequence of or arising out of the CLUB’s activities or functions.

Medical Indemnity

The applicant(s) whose signature appears on the form, further authorise any officers, members, or servants of the CLUB in the event of any accident or illness befalling them whilst engaged in any CLUB activity or function to obtain any medical assistance or treatment whatsoever and for this purpose engage any doctors, nursing assistants or hospital accommodation and in this event agree to pay all such doctors, nurses, or hospital fees and expenses other than fees and expenses recoverable under any policy of insurance whatsoever, such fees to be paid to the CLUB on demand.

Privacy Statement

The information collected for this application is solely for the use of the administration of the CITY WEST 4 X 4 CLUB INC. (“the CLUB”) and the events it conducts. This information is considered private and confidential and will not be used, sold or given to any other organisation or person for any other purpose without your express permission.

We will also use your information to fulfil the CLUB’s obligations as an affiliated member of Four-Wheel Drive Victoria.

A full version of the CLUB’s Privacy Policy is available to all members upon request.