



**MOUNT LOFTY RANGERS
4WD CLUB**
ABN 83 001 470 077
www.mountloftyrangers.com.au
enquiries@mountloftyrangers.com.au

MEMBERSHIP APPLICATION FORM

Name: _____
First name Last name

Address: _____
State P/code _____

 Mobile: _____  Home: _____

Email: (Please print legibly) _____

tick to indicate that you consent to use of this email for communication from the Club

Partner's Name: _____
First name Last name

Age Group (Please circle): 16/30 30/45 45/60 60+ Birth month _____

Dependent child's Name: _____ Age: _____

Dependent child's Name: _____ Age: _____

4WD INFORMATION

Vehicle make: _____ Model: _____

Year: _____ Rego no: _____

Your 4WD Expertise: Little Some Considerable

Interests and hobbies: _____

Briefly outline what you would like the club to offer: _____

The committee considers applications for membership after prospective members have attended three club events. For this purpose, an event is defined as either a club meeting or a club trip. No correspondence or discussion will be entered into should your application be refused.

I apply for membership of the Mount Lofty Rangers 4WD Club and agree, if admitted, to abide by its Constitution, by-laws, rules and committee decisions.

Signed (applicant) Date: ____/____/____



**MOUNT LOFTY RANGERS
4WD CLUB**
ABN 83 001 470 077
www.mountloftyrangers.com.au
enquiries@mountloftyrangers.com.au

MEETING AND TRIP ATTENDANCE (For Administration use)

3 Club events (meetings or trips) completed Date _____ Sign _____

Presented to Committee Date _____ Sign _____

Accepted / Declined Date _____ Sign _____

Applicant notified by email Date _____ Sign _____

Date added to Air Table _____

Membership number _____

Club Meetings attended:

Date	Membership Officer Name	Membership Officer Signature

Club Trips attended:

Date	Trip Name	Trip Leader Name	Trip Leader Signature