



MEMBERSHIP APPLICATION/RENEWAL FORM

APPLICANT INFORMATION

Surname:		
First Name:		
Date of Birth:	Drivers License No.:	
Current address:		
City:	State:	Post Code:
Phone:	Email:	
Membership Type:	Single (\$70)	Family (\$70) <i>(Please circle)</i>

VEHICLE INFORMATION

Make:	Model:	Rego:
Year:	Colour:	Insurer:

PARTNER INFORMATION FOR FAMILY MEMBERSHIP

Name:	
Date of birth:	Phone:
Drivers License No.:	Email:

SIGNATURES

By signing this form you agree to abide by all club rules, by-laws and the constitution on commencement as a member of the Ipswich Low Rangers 4WD Club Inc. If you have not read these, please request a copy from the club secretary.

Signature of applicant:	Date:
Signature of partner: <i>(only if for a family membership)</i>	Date:
Proposed by: Signature: _____ Date: _____	Seconded by: Signature: _____ Date: _____

* This application must be proposed and seconded by current members of the Ipswich Low Rangers 4WD Club Inc. If you are unsure who can sign your form, please contact a member of the management committee.

OFFICE USE ONLY

Application Approved: YES NO	Secretary Signature:	Date of Meeting:
Amount Paid:	Receipt No.:	Date:
Signature of Treasurer:	Date:	
Rated Recovery Points: YES NO	Checked By:	Date:
First Trip Completed: YES NO	Checked By:	Date: