



Albury-Wodonga 4WD Club Inc.

P.O. Box 1105
 Albury NSW 2640
 secretary@4x4alburywodonga.com
 ABN 83 312 266 046

Membership Application Form

First Name	Surname	Birthday	Occupation
Preferred Name for Name Badge			

Partners First Name	Surname	Birthday	Occupation
Preferred Name for Name Badge			

Address	Town/City	Post Code

Home Phone	Mobile Phone	Partner's Mobile	Email

DEPENDANT CHILDREN UNDER 25 YRS		
First Name	Surname	Birthday

Vehicle Make	Model	
Year	Colour	Registration Number

I/We hereby apply to become a member of the Albury Wodonga 4WD Club and agree to adhere to the Club rules and by-laws.

I/We consent to publication of photos taken at a Club trip/event being published in the Club magazine, on the Club Facebook Page(s)/Instagram/Website.

Signature of Applicant/s _____

I _____ being a financial member of the Albury-Wodonga 4WD Club nominate the applicant(s) for membership of the Club.

Signed _____ Date _____ Membership Number _____

I _____ being a financial member of the Albury-Wodonga 4WD Club second the nomination of the applicant(s) for membership of the Club.

Signed _____ Date _____ Membership Number _____

Note: Please do not include fees with your application. A letter will be sent to successful applicants advising the amount due and payment method.

See over page

To enable us to better understand how & where we promote the Club, can you please answer the following questions.

How did you find out about the Albury-Wodonga 4WD Club?

Have you previously been a member of a 4WD Club. If so, where?

Administrative Process (Office use only)

Date Received:	Presented to the committee:
Letter to the member:	Copy to the Treasurer:
Date Receipt Received:	New Members Number:
Copy to the Editor:	Copy to Assistant Secretary: