



# Ipswich 4WD Club Inc

P.O. Box 416  
Ipswich Qld 4305  
Email; info@ipswich4wdclub.org.au

## APPLICATION TO JOIN THE IPSWICH FOUR WHEEL DRIVE CLUB INC.

The Ipswich Four Wheel Drive Club Inc. meets At 7.30 pm on the first Tuesday of every month at the R.S.L. Services Club, Down Street, North Ipswich.  
*(in the downstairs function room)*

For more information about the Club you are invited to attend the next meeting or forward the form below.

More details only at this stage.

I wish to join the Club.

### PLEASE PRINT

Date \_\_\_\_\_

Children's Names \_\_\_\_\_

Surname \_\_\_\_\_

\_\_\_\_\_

Given Names. Mr. \_\_\_\_\_

\_\_\_\_\_

Mrs \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

\_\_\_\_\_

Mobile No. \_\_\_\_\_

\_\_\_\_\_

Email address \_\_\_\_\_

\_\_\_\_\_

Vehicle Type \_\_\_\_\_

Rego No. \_\_\_\_\_

Is your vehicle fitted with dual range gearing ie High & Low Range  YES  NO

This application will be considered at the Club's next Committee meeting and does not necessarily guarantee that the applicant will be accepted as a Club member.

I agree that I will participate in the Club's Driver Awareness Course as soon as possible after being accepted as a financial member of the Club.

I understand that I will not be able to join the Club on any trips classified as medium or hard 4WD until I have completed Driver Awareness.

If accepted for membership of the Ipswich Four Wheel Drive Club Inc. I agree to be bound by the rules and By-laws of the Club

Signature. \_\_\_\_\_

Nominated By \_\_\_\_\_

Receipt No. \_\_\_\_\_

Approved By. \_\_\_\_\_

Membership No. \_\_\_\_\_

Date. \_\_\_\_\_

Please submit your membership fees with this application form

**DATE D.A.P ATTENDED** ...../..../.....

The current dues are \$ -00 per year  
Joining fee \$ -00

