

# EYRE PENINSULA FOUR WHEEL DRIVE CLUB Inc.

P.O. Box 1903  
Port Lincoln  
S.A. 5606

## APPLICATION FOR MEMBERSHIP

Date.....

Name..... Date of Birth.....

Address.....

Email.....

Spouse's Name.....

Children's Name..... Age.....

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Vehicle Make & Type.....

Reg. No. ....

Radio .....

Telephone No.....(Home).....(Business)

Occupation.....

Employers Name.....

I hereby agree to abide by the Constitution and By-Laws of the Club.

Signed.....

Dated.....

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### COMMITTEE USE ONLY

Date..... Approved.....

Membership No.....