

**The Cairns Four Wheel Drive Club Inc.  
APPLICATION FOR MEMBERSHIP 2009- 2010**

**JOINING FEE: \$10.00 ANNUAL MEMBERSHIP \$70.00**

**Requirements before becoming a member:**

- ⊙ Attend two trips, either day or overnight
- ⊙ Attend two monthly meetings
- ⊙ Submit your application to the Management Committee for consideration  
The management committee reserves the right to accept or reject an application
- ⊙ Read the Constitution and associated By-Laws of the Cairns Four Wheel Drive Club Inc.  
These are available from the Club Secretary.

I/We do hereby make application for membership to the above Cairns Four Wheel Drive Club Inc.

Name/s \_\_\_\_\_ D.O.B. / / \_\_\_\_\_ D.O.B. / / \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Postal Address \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Telephone ( Home ) \_\_\_\_\_ ( Work ) \_\_\_\_\_ ( Mobile ) \_\_\_\_\_

**Agreements:**

I/We have read the Club's Constitution and associated By-Laws. Upon Acceptance of my/our membership, I/we agree to abide by the Rules & Regulations while I/we remain a member of the club.

\_\_\_\_\_  
Signature / Date

\_\_\_\_\_  
Signature / Date

Children/s Name/s \_\_\_\_\_ D.O.B. / / \_\_\_\_\_  
 \_\_\_\_\_ D.O.B. / / \_\_\_\_\_  
 \_\_\_\_\_ D.O.B. / / \_\_\_\_\_  
 Vehicle Make \_\_\_\_\_ Registration \_\_\_\_\_  
 Model \_\_\_\_\_ Year \_\_\_\_\_ Colour \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( Home ) \_\_\_\_\_ ( Work ) \_\_\_\_\_ ( Mob ) \_\_\_\_\_

Do you have Private Health Cover? -  - Yes - Name of Fund \_\_\_\_\_  No

Name of Doctor to be contacted in any emergency \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies, disabilities or other health issues the Club should be aware of for all persons on this application.

**NEW APPLICANTS ONLY  
MEETINGS ATTENDED**

**TRIPS ATTENDED ( Trip Leader to sign )**

(1) / / \_\_\_\_\_ (2) / / \_\_\_\_\_ (1) / / \_\_\_\_\_ (2) / / \_\_\_\_\_  
 Signed \_\_\_\_\_ Signed \_\_\_\_\_ Signed \_\_\_\_\_ Signed \_\_\_\_\_

Office use only:- Date Received \_\_\_\_\_ Receipt No \_\_\_\_\_  
 Application Accepted: YES NO Membership No. \_\_\_\_\_  
 Committee Members Name & Signature \_\_\_\_\_

**Cairns 4WD Club Inc**

**Visitor Safety Induction Checklist**

*“Your SAFETY on club outings is our first priority “*

Induction Date:	Induction Officer:
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Nominated Driver/s Name:
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Vehicle Make	Model:	Rego:
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The Cairns Four Wheel Drive Club has explained and provided Information on :

- ANFWDC Code of Ethics
- Convoy Procedures
- Trip Gradings
- Trip Booking Process
- By Laws
- Membership Requirements

Vehicle Check: ( Minimum Requirements per By-Laws. All other items are optional )  
( Circle )

1.	Registration Label	Y	N
2.	Roadworthy Tyres	Y	N
3.	Suitable Front Tow Point	Y	N
4.	Suitable Rear Tow Point	Y	N
5.	Serviceable Snatch Strap of Suitable Capacity	Y	N
6.	Two Rated Shackles of Suitable Capacity	Y	N
7.	Serviceable First Aid Kit	Y	N
8.	Shovel	Y	N
9.	Fire Extinguisher	Y	N

*( Present this signed form to the club treasurer with application form and membership dues )*

*I/We acknowledge that the Cairns Four Wheel Drive Club Inc. have shown and discussed the above requirements with me. I/We will carry out the above requirements whilst financial members of the club.*

Name 1:	Sign:	Date:
Name 2:	Sign:	Date:
Induction Officer:	Sign:	Date
Comments:		

Management Committee

Accept ( )

Reject ( )

Date: / /