

CENTRAL QUEENSLAND OFFROAD CLUB Inc



Application for Membership

Acceptance of Membership subject to confirmation by the Committee
Visit www.cqoffroad.org.au for contact details

	Member 1	Member 2
Surname		
Given name/s		
Telephone numbers	Mobile Home Work	Mobile Home Work
Addresses	Home Postal Email	Home Postal Email
Other details	Occupation Date of Birth (optional) No. of years 4WD'ing	Occupation Date of Birth (optional) No. of years 4WD'ing
First Aid Certificate held?	If yes, details Expiry date.....	If yes, details Expiry date.....
4WD Driver Awareness/Training?	If yes, Course details Year	If yes, Course details Year

Do you own a 4 Wheel Drive Vehicle? Yes / No

Membership Fee: \$115 pa, \$57.50 if paid after 30 June. **EFT:** Suncorp Bank, BSB 484 799, Account No 071 427 040
Use your name and 'membership fees' in the reference line.

This Application Form can be emailed to memberships@cqoffroad.org.au

I/We certify/acknowledge:

- My/Our vehicle does have at least Third Party Property Damage Car Insurance, is registered and is in a Roadworthy condition and I/We accept full responsibility for such insurance as well as my/our driving ability/s.
- I/we am/are the holder/s of a valid and current driver's license and I/we accept that if the use of my/our valid driver's license is lost, I/we shall not participate as a driver in any club event until such times as I/we have my/our valid driver's license reinstated.
- On acceptance of Membership I/we will receive a copy of the Club's Constitution and By-Laws. I/We understand that I/we are required to read the By-Laws and follow them at all times. I/We understand the Committee Members are available at any time to give me/us with the full meaning of the interpretation of the By-Laws. I/We also understand that all the general road rules and regulations must be followed.
- I/we agree the above information can be included on the Club Contact List and made available to other Club members.

Member 1 Signature Member 2 Signature Date .../.../...

CLUB USE ONLY.	
Proposer:	Seconder:
Date of receipt of application:	Received by: Receipt No:
Type of membership	Membership No.....
Membership Accepted / Rejected (Details)	