



LANDROVER OWNERS CLUB AUCKLAND INC.

MEMBERSHIP APPLICATION FORM

Date		Application type <input checked="" type="checkbox"/>	New member <input type="checkbox"/>	Existing member <input type="checkbox"/>		
If application is for a new member, state name of nominating member						
First Name			Surname			
Address	Street					
	Suburb					
	City/District					
Postal Address (if different from above)						
Phone	Home		Work			
				Mobile		
Other	Email		Web site URL			
Next of Kin details (in case of emergency)	Street					
	Suburb					
	City/District					
Phone	Home		Work			
				Mobile		
Vehicles owned	Model		Year	Registration number		
1						
2						
3						
Accessories <input checked="" type="checkbox"/>	Winch <input type="checkbox"/>	CB Radio <input type="checkbox"/>	Highlift Jack <input type="checkbox"/>	Ground Anchor <input type="checkbox"/>	Camping <input type="checkbox"/>	GPS <input type="checkbox"/>
	EPIRB <input type="checkbox"/>	Mud Tyres <input type="checkbox"/>	AT Tyres <input type="checkbox"/>	Other (details)		
Are you a registered First Aider? <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, through whom?		To what level are you trained?		
Preferred trip types <input checked="" type="checkbox"/>	Touring <input type="checkbox"/>	Camping or overnight <input type="checkbox"/>	Easy (shiny) runs <input type="checkbox"/>	Medium / hard runs <input type="checkbox"/>	Full on hard yaka! <input type="checkbox"/>	
Are you a member of any other club(s)? <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please list club names				
Are you a member of National 4WD Association	Yes <input type="checkbox"/> No <input type="checkbox"/>	Through which club?				
Signatures						
I agree to abide by all club rules and the club Constitution			Yes <input type="checkbox"/> No <input type="checkbox"/>	Signed:		
I hereby authorise the club to publish my name, contact details and vehicle model an year in a club contact book for members use only			Yes <input type="checkbox"/> No <input type="checkbox"/>	Signed:		
Insurance						
I confirm that all of my vehicles, if used on any club run, will have a minimum of \$2 million Public Liability Cover			Yes <input type="checkbox"/> No <input type="checkbox"/>	Signed:		
OFFICE USE ONLY						
Date payment received		Receipt number		Membership number		
Database updated		Membership card issued		Editor advised		