

## APPLICATION FOR MEMBERSHIP BREAKAWAY OFFROAD 4x4 CLUB INC.

Incorporated under the Queensland Associations Incorporation Act 1981.

I/we	
	(Full name of applicant/s)
Of	(Address & post code)
Contact Details Home	Phone:-
Names of Other Famil	ly Members
Mobile:	
Email:	
Forum Name	
Membership Type :-	I/we hereby apply to become an:
Individual Member	☐ (\$60.00, incl. of Insurance and 4WD Qld fees)
Family Member	☐ (\$65.00, incl. of Insurance and 4WD Qld fees)
Payment details. :- Using your name as a reference, please make a direct deposit to :  Acct name: Breakaway Offroad 4x4 Club Inc BSB: 814-282 Acct number: 30854630	
Vahiola Maka	Model
	Registration No
	ame
Relationship of Emergency Contact	
_	on as a member, I agree to be bound by the rules of the Association.
In the event of any same	on as a monor, ragice to be bound by the rates of the rates of
(Signature of applicant) (L	Date)
Office Use:	
Membership approved, for	and on behalf of the committee:
(Name of President)	(Signature of Secretary) (Date)

Disclaimer: This information will not be distributed to any mailing agencies, but will be available for committee members use only.