



MEMBERSHIP RENEWAL 2009 / 2010

LIFE MEMBER PRIMARY MEMBER FEE \$74 SECONDARY MEMBER FEE \$58 LATE FEE \$15

I / We the undersigned wish to renew my / our membership of the Toyota Landcruiser Club of Australia (S.A.) Inc. and agree to abide by the Constitution, Code of Conduct and By-laws of the Club and to pay fees as required.

Member details: Mr / Mrs / Ms / Miss (please circle one)
Surname: _____ First Name _____ Initials _____

Member details: Mr / Mrs / Ms / Miss (please circle one)
Surname: _____ First Name _____ Initials _____

Postal Address: _____
State: _____ Postcode: _____

Telephone: Home: _____ Silent? () Work: _____
Mobile: _____

Email: (please print in capitals) _____

Monthly Newsletter Delivery: Post Email (Email address must be supplied)

Emergency Contact Name: _____ Phone: _____

Children(s) under 18 first name(s) & age(s)

Are you a member of another 4WD club? Yes No Name of primary club if dual member _____

(When you belong to more than one 4wd club affiliated with FWDSA, declare one club as the primary, so that the affiliation fees to the State Association is only paid by the primary club. You should not have to pay this fee for the non-primary club (currently 17.50))

Vehicle / Insurance

Vehicle Make: _____ Model: _____ Date of Manufacture
Year / Month: _____ / _____

Reg. No: _____ Insurance Company: _____

Comprehensive Third Party (As required by club by-laws)

Club Privacy Statement: The information on this form is collected and stored for the management of the club and its activities. It will be made available to committee members. It will also be provided to various members from time to time when necessary for carrying out club duties and activities. Some details may be provided to other entities in relation to club activities (eg applying for access for trips). Club policy is not to provide membership lists to members or business outside of these guidelines.

Signed: _____ & _____ Date: _____ / _____ / _____

***** FEES ARE SET AT MAY AGM AND ARE DUE BEFORE JULY 31ST *****

Office Use Only Date Received: _____ Annual Fee: _____

Receipt No: _____ Late Fee: _____

Records Update: _____