



TeamW4 (Inc)

Application For Membership

TeamW4.com

| | | |
|---|------------------|-----------------------|
| MAIN APPLICANT (Individual and/or Family Membership) | | |
| First name _____ | Last Name _____ | DoB _____ |
| Phone #1 _____ | Phone #2 _____ | Driver Lic. No. _____ |
| Email _____ | Occupation _____ | |
| Street Address _____ | | |
| Street Address _____ | | |
| Suburb _____ | Post Code _____ | State _____ |

| | | |
|--|------------------|-----------------------|
| PARTNER APPLICANT (Family Membership) | | |
| First name _____ | Last Name _____ | DoB _____ |
| Phone #1 _____ | Phone #2 _____ | Driver Lic. No. _____ |
| Email _____ | Occupation _____ | |
| Street Address _____ | | |
| Street Address _____ | | |
| Suburb _____ | Post Code _____ | State _____ |

| | | |
|---|-----------------|------------------------|
| CHILDREN UNDER 17yrs (Family Membership) | | |
| First name _____ | Last Name _____ | DoB (dd/mm/yyyy) _____ |
| | | |
| | | |
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| | | | |
|---------------------------|----------------|----------------------------------|------------------|
| VEHICLE(s) DETAILS | | | |
| Make & Model _____ | Rego No. _____ | Vehicle Insurance Provider _____ | Policy No. _____ |
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I/We hereby agree that upon my/our acceptance as a member of TeamW4 Inc., that I/we will adhere to the rules set down in the Constitution, Code of Ethics, and by its Officers

MAIN APPLICANT Signed _____ Dated _____

PLEASE PROVIDE AN EMERGENCY CONTACT NUMBER _____ NAME _____

| | | |
|--|--------------|-------------|
| APPLICANT TO SOURCE PROPOSER & SECONDER TO SIGN THIS FORM | | |
| NOTE: Proposer & Seconder MUST be fully paid up TeamW4 members | | |
| PROPOSED BY _____ | SIGNED _____ | DATED _____ |
| SECONDED BY _____ | SIGNED _____ | DATED _____ |

| | | |
|--|--------------|----|
| TO BE COMPLETED BY COMMITTEE ONLY | | |
| HAS APPLICANT ADHERED TO MINIMUM TRIP/PARTICIPANT REQUIREMENTS (circle)? | YES | NO |
| APPLICATION APPROVED BY COMMITTEE ON (dd/mm/yy) _____ | SIGNED _____ | |