



Gad Zuks 4 Wheel Drive Club Membership Application



Date: _____ Primary Phone: _____

Name: _____ Work Phone: _____

Co-member: _____

Address: _____ City: _____ Zip: _____

email address: _____

Vehicle: _____ Model: _____ Year: _____

Modifications: _____

CA4WDC Member: Yes ___ No: ___ Membership Number: _____

APPLICANT MUST DRIVE HIS/HER OWN 4WD VEHICLE ON RUNS. APPLICANT MUST COMPLETE FIVE CLUB ACTIVITIES WITHIN A SIX (6) MONTH PERIOD, THREE CLUB MEETINGS & TWO CLUB 4WD RUNS. APPLICANTS VEHICLE MUST PASS THE CLUB VEHICLE SAFETY INSPECTION PRIOR TO MEMBERSHIP BEING VOTED ON.

Applicants Signature: _____

*****CLUB USE ONLY*****

Safety Inspection Yes ___ No ___ Date: _____ Safety: _____

Completed Membership Requirements: Yes ___ No ___ Date: _____ VP: _____

Meetings attended: _____ Runs Attended: _____ VP Initials _____

Date: _____

Date: _____

Date: _____