



VICTORIA POLICE FOUR WHEEL DRIVE CLUB INC

Membership Application Form

APPLICANT DETAILS

Name: _____

Preferred Name for Nametag: _____
(Include a Nickname if desired ie Kevin "Smokey" Dawson)

Occupation: _____ Employer: _____

Employee Number: _____ Police Registered Number: _____

Work Location: _____

Home Address: _____ Postal Address: _____
(If different from home address)

Internet E-Mail: _____

Home Phone: _____ Business Phone: _____ Mobile: _____

4WD SKILL LEVEL: Advanced Adv / Int Intermediate Int / Beg Beginner

If you have previously completed an Accredited 4WD Training Course, please attach a copy of documentation.

4WD QUALIFICATIONS (Please be specific):

VEHICLE DETAILS

MAKE: _____ MODEL: _____ YEAR: _____

IS YOUR VEHICLE FITTED WITH A "BASIC RECOVERY KIT"? Yes No
(Consisting of Snatch Strap & 2 Bow Shackles)

WHERE ARE YOUR VEHICLE'S RECOVERY POINTS: FRONT BACK

HOW DID YOU HEAR ABOUT THE CLUB:

- WORD OF MOUTH OTHER CLUB 4WD VICTORIA
- OTHER – please specify _____ WORK PUBLICATION – please specify _____
- INTERNET WEBSITE – please specify _____



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ACCEPTANCE / ACKNOWLEDGMENT

I hereby make application to join the Victoria Police Four Wheel Drive Club (VP 4WD Club). I understand that being accepted as a member of the VP 4WD Club, I am also a member of Four Wheel Drive Victoria to which the VP 4WD Club is affiliated and all Victoria Police employees are also a member of the Victoria Police Amateur Sports & Welfare Society.

I acknowledge that four wheel driving is a motor sport activity conducted in the natural environment, which can pose inherent risks. Consequently, on becoming a member of the club, I accept responsibility for any injury I may sustain or damage my vehicle may sustain in such circumstances. I acknowledge and waive any right of action against the VP 4WD Club, Victoria Police Amateur Sports & Welfare Society and Four Wheel Drive Victoria, their Executives and members and absolve them from and liability in relation thereto. I agree to be bound by the Club Rules, Statement of Purposes and By Laws of the VP 4WD Club as well as those of the Victoria Police Amateur Sports & Welfare Society and Four Wheel Drive Victoria for the time being in force.

Signature of Applicant: _____

Date: _____

NAME OF CLUB MEMBER SUPPORTING THIS APPLICATION: _____

SUBMISSION / CONTACT INFORMATION

Once details on this application have been completed and signed, please forward it to:

The Secretary
Victoria Police Four Wheel Drive Club Inc.
P.O. Box 96, World Trade Centre, Melbourne VIC 3005

Please make cheques payable to: **"Victoria Police Four Wheel Drive Club"**

Alternatively for those with a Police Credit Account, you can complete the Police Credit Transfer Form on page 3.

OFFICE USE ONLY

Date Received: _____ Amount received: \$ _____

Payment method: _____ Receipt No: _____

Acknowledgement & receipt sent by Secretary: _____

Date Approved: _____ Membership No: _____

Membership Card sent by Treasurer: _____

CONDITIONS AND DECLARATION OF MEMBERSHIP

CLUB IMAGE:

Upon acceptance by the VP 4WD Club of this application, the applicant whose signature appears on this form, does hereby acknowledge that as a member of the VP 4WD Club they will also be representing Victoria Police and must at all times, whilst being involved in club activities or in such circumstances as being identified as a member of the VP 4WD Club must portray an image expected by the public of a person representing Victoria Police.

REGISTRATION AND INSURANCE:

All vehicles participating in VP 4WD Club trips and activities must be registered and maintained in a roadworthy condition, having as a minimum, Third Party Property motor vehicle insurance cover and as such, conforms to the requirements of the club's insurance policy and understand that every person and vehicle participating in any activity do so at their own risk.

GENERAL INDEMNITY:

Upon acceptance by the VP 4WD Club of this application, the applicant whose signature appears on this form, does hereby indemnify and keep indemnified the VP 4WD Club, its officers, members, servants, or agents, in so far as they are not legally entitled to be indemnified under any policy of insurance whatsoever, from and against any damages, claims or demands whatsoever which may befall or occur to themselves, their spouse, children, guests, or visitors as a consequence of or arising out of the VP 4WD Club activities or functions.

INFORMATION PRIVACY:

The information collected for this application is solely for the use of the administration of the VP4WDC and the events it conducts. To keep our administration costs (thus our annual fees) low, the VP 4WD Club prefers to send notices, minutes, newsletters, trip details etc. to members via e-mail. Faxing or surface mail will be used for members without e-mail access. This information is considered private and confidential and will not be used, sold or given to any other organisation or person for any other purpose without your express permission. This information will also be used to fulfil the VP 4WD Club's obligations as an affiliated member of Four Wheel Drive Victoria.

MEDICAL INDEMNITY:

The applicant whose signature appears on this form, further authorise any officers, members, or servants of the VP 4WD Club in the event of any accident or illness befalling them whilst engaged in any VP 4WD Club activity or function to obtain any medical assistance or treatment whatsoever and for this purpose engage any doctors, nursing assistants or hospital accommodation and in this event agree to pay all such doctors, nurses, or hospital fees and expenses other than fees and expenses recoverable under any policy of insurance whatsoever, such fees to be paid to the VP4WDC on demand.

PAYMENT OF ANNUAL SUBSCRIPTIONS:

Payment of annual fees become due on the 1st July and must be paid at or prior to the Annual General Meeting, which is held in August of each year. A reduced fee will be applicable if joining part way through the club year.

Acceptance of membership by the VP 4WD Club committee and payment of associated fees provide the member the rights of full club membership, voting rights and eligibility to hold committee positions as outlined in the VP 4WD Club Rules.



Date / /

From	Account Number	Account Name
To	570932	Vic Pol Four Wheel Drive Club
	Account Number	Account Name

Amount \$

Signature/s: _____

Teller

Police Credit ABN 33 087 651 661 AFSL 240293

03.04 3200