



## Four Wheel Drive Club of Southern Africa (Port Elizabeth)

### New Member Application Form - 2019

Please complete this document and e-mail to: [fwdcsape@gmail.com](mailto:fwdcsape@gmail.com)

New Member Details:					
<b>Surname:</b>					
<b>Names:</b>					
<b>Preferred Name:</b>					
<b>Occupation:</b>					
<b>ID Number:</b>					
<b>Date of Birth:</b>					
<b>Home Language:</b>					
<b>Email Address:</b>					
<b>Cell phone:</b>		<b>WhatsApp:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;">Yes</td> <td style="width: 50%; text-align: center; padding: 2px;">No</td> </tr> </table>	Yes	No
Yes	No				
<b>Home Telephone:</b>		<b>Work Telephone:</b>			
<b>Residential Address:</b>					
<b>Postal Address:</b>					

Spouse/Partner:					
<b>Name:</b>					
<b>Preferred Name:</b>					
<b>Date of Birth:</b>					
<b>Email Address:</b>					
<b>Cell phone:</b>		<b>Work Telephone:</b>			
<b>Would your spouse/partner like to receive Club-related email correspondence?</b>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;">Yes</td> <td style="width: 50%; text-align: center; padding: 2px;">No</td> </tr> </table>	Yes	No	
Yes	No				

Children:			
Child's Name:		DOB:	M <input type="checkbox"/> F <input type="checkbox"/>
Child's Name:		DOB:	M <input type="checkbox"/> F <input type="checkbox"/>
Child's Name:		DOB:	M <input type="checkbox"/> F <input type="checkbox"/>
Child's Name:		DOB:	M <input type="checkbox"/> F <input type="checkbox"/>

Driving Experience:			
How many years have you had a motor vehicle license:			
How many years have you owned an off-road vehicle:			
Estimate how many off-road kilometres you have done:			
How do you rate yourself:	<input type="checkbox"/> Novice	<input type="checkbox"/> Competent	<input type="checkbox"/> Experienced
Which of the following would you prefer to avoid:	<input type="checkbox"/> Thick sand <input type="checkbox"/> Rocks	<input type="checkbox"/> Mud <input type="checkbox"/> Steep slopes	<input type="checkbox"/> Water <input type="checkbox"/> Thick bush
Additional Experience: (e.g. First Aid, 2-way Radio, Mechanical, etc.)			
Are you able to assist during natural disasters?	Yes	No	

Vehicle Details:			
Make:		Model:	
Year:		Type/Series:	
Colour:		Registration No:	

What Interests You?			
Day Runs	Recognised 4x4 Trails:	Yes	No
	Scenic Back Road trips:	Yes	No
Weekend Runs:		Yes	No
Gravel Travel (1000kms or more ):		Yes	No
4x4 Challenges		Yes	No

Briefly mention how you heard about the Club?

## Indemnity and Waiver

I hereby apply for membership of the Four Wheel Drive Club of Southern Africa – Port Elizabeth Division (FWDCSA-PE) and agree that, upon acceptance of my application, my membership of the FWDCSA-PE will be subject to the following conditions:

1. I agree to abide by the Code of Conduct and rules of the FWDCSA-PE including the instructions of any person appointed by the FWDCSA-PE to organize or control any event. I further agree that failure to do so by me, or any member of my party, may result in disciplinary action being taken against me, which may result in my suspension from Club activities or expulsion from the Club.
2. I acknowledge that off-roading events are inherently dangerous and that I am fully aware of the potential dangers thereof. I warrant that I will make all members of my party aware of such dangers prior to participating in any such events.
3. I agree that under no circumstances shall the FWDCSA-PE be liable for any loss or damage of any kind whatsoever (including consequential loss) which I or any member of my party may suffer, irrespective whether such loss or damage may have been caused or sustained and whether or not as a result of the negligence or breach of contract (whether fundamental or otherwise) or other wrongful act of the FWDCSA-PE or any of its Officers.
4. This indemnity is irrevocable and shall apply to me and the members of my party for any FWDCSA-PE events which I may attend or participate in, whether my membership of the club has been renewed or not.
5. The term "members of my party" means all persons accompanying me or attending any event at my specific invitation, request or suggestion and includes, without limitation, members of my family, guests and invitees.

.....  
**Signature**

.....  
**Date**

<b>Important information:</b>
<ol style="list-style-type: none"><li>1. Please note that full membership is subject to confirmation by the Committee after your first outing with the Club as a driver.</li><li>2. On confirmation, you will receive a welcome email together with an invoice for the initial joining fee as well as the annual membership fee.</li><li>3. The Committee reserves the right to reject any application for membership.</li><li>4. Our Annual Membership fee for 2019 is <b><u>R500.00</u></b> and is payable on confirmation of membership by the Committee.</li><li>5. A once-off initial joining fee of <b><u>R50.00</u></b> will also be payable.</li></ol>