



Las Cruces Four Wheel Drive Club

PO Box 1344, Las Cruces, NM 88004

APPLICATION FOR MEMBERSHIP

I (we) wish to become members of the Las Cruces Four Wheel Drive Club. I (we) agree to abide by the By-Laws and Standard Operating Procedures of the Las Cruces Four Wheel Drive Club, and to submit annual dues by the date and the amount required.

I (we) understand that the membership in LCFWDC entitles me (us) to the following benefits:

1. To participate in all Club meetings and events
2. To receive copies of all publications pertaining to club members

| | | | |
|---|---------------|------------------------|------------|
| Name _____ | | Application Date _____ | |
| Address _____ | | Birth Date _____ | |
| City _____ | State _____ | Zip _____ | |
| Home Phone _____ | | Mobile Phone _____ | |
| Email Address _____ | | @ _____ | |
| Vehicle Make _____ | | Model _____ | Year _____ |
| Drivers License # _____ | | State Issued _____ | |
| Insurance Carrier _____ | | Policy # _____ | |
| Family Members: (includes 2 adults & children under age of 18) | | | |
| Name | Date of Birth | Relationship | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |

| Type of Membership | |
|---|------------------------|
| Family Household (\$35.00) _____ | Single (\$25.00) _____ |
| Payment Information _____ | |
| If Family Household was selected, please list names, birth dates, and relationship | |

HOLD HARMLESS

I hereby declare that I am over 18 years old and agree to conform and comply with the ideals governing this club, and further agree to hold harmless the Las Cruces Four Wheel Drive Club, including it's officers, and any property owner or owners from any loss or injury to self or property in which I may become involved by reason of participation in any club functions. I also agree to assume responsibility for any property which I knowingly damage while participating in said functions.

SIGNATURE

DATE