



# MEMBERSHIP APPLICATION FORM

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**For office use only:**

Fees paid - Y / N: \_\_\_\_\_  
 Payment method: \_\_\_\_\_  
 Receipt number: \_\_\_\_\_

Surname		Membership NR:	
First Name		BIKE	
Date of Birth		QUAD	
		4x4	
		RC	
		<b>TOTAL</b>	

**TELEPHONE NUMBERS**

Home:	
Office:	
Cell:	

**OTHER INFO**

Fax number	
E-mail:	

**SPOUSE / PARTNERS DETAILS**

Name		
Date of Birth		

CHILDREN	MARITAL STATUS	
Name	Date of Birth	Gender M / F
1)		
2)		
3)		
4)		

MAIN INTEREST/S	
	Social
	MotoX
	Enduro
	RC
	4 x 4

HOW DID YOU FIND OUT ABOUT MELKBOS 4x4?	
	Website
	Word of mouth
	Other

**PHYSICAL ADDRESS**

**POSTAL ADDRESS**


Occupation		Company	
Type of business			

**IN CASE OF EMERGENCY**

Name of relative		Relationship	
Contact No			

I HEREBY, THE UNDER SIGNED, WITH FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS AND DANGERS INVOLVED DO HEREBY ASSUME AND ACCEPT RESPONSIBILITY FOR ANY AND ALL RISKS OF INJURY, PARALYSIS OR DEATH. I FURTHER AGREE TO APPLY BY ALL RULES & REGULATIONS MADE BY THE MELKBOS 4x4 CLUB.

SIGNATURE: .....  
 DATE: .....

**PAYMENT DETAILS: Please fax / e-mail proof of payment**  
 Cheques to be made out in favour of Melkbos 4x4.  
 Deposits can be made directly into the Melkbos 4x4 account.  
 ABSA Montague Gardens - Account Number: 405 325 6709