

## **BAYSIDE-OFFROADERS CLUB INC.**

PO BOX 1030 Capalaba Qld 4157

www.baysideoffroaders.com.au membership@baysideoffroaders.com.au

## **MEMBERSHIP FORM**

New Membership		Year: 2023-2024		
Renewing	Membership #			
Single Memb \$75.00		Pro-Rata (aft \$46.00	Pro-Rata (after 1st March) \$46.00	
Applicant/s Information	on (include children under :	18)		
Surname	Given	Given Names		
Address				
		Postcode		
S				
Contact Number  Email Address				
Email Address				
mergency Contact Name				
Contact Number				
Relationship				
* Please list an emergency	contact who is not likely to be in t	he vehicle with you		
Medical and Allergy Declara				
any medical conditions, alle	rgies that we should be aware of:			
Medication Declaration	6 84 6			
Any medication that we sho	uld be aware of with treasurers:	d augnetity of administra	tion	



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## **REQUIRED SAFETY EQUIPMENT**

It is a Club requirement that to obtain membership with Bayside Off-Roaders Club Inc. and to participate in any club activity which requires the use of a four-wheel drive, all members must complete and sign this application form in its entirety. Any club members that have more than one four-wheel drive and wish to have additional vehicles recorded with their membership must complete a separate "Required Safety Equipment" form for each vehicle. Club members must carry the required safety equipment as listed below in any vehicle used for a club activity that requires the use of a four-wheel drive. A new form is also to be completed when a member acquires another vehicle.

Vehicle Make	Model
Year	Rego #
	required to be carried in each club members vehicle es the use of a four-wheel drive vehicle.
Suitable Front Recovery Point  Serviceable Snatch Strap  2 x Rated Bow or "D" Shackles  First Aid Kit  The following is suggested equipment that ca	Suitable Rear Recovery Point Air Brake / Dampener Fire Extinguisher UHF Radio an be carried to compliment the above equipment.
Shovel Jack Ba	ase Plate Gloves
I, hold a current First	ded to our register and be called upon if necessary? st Aid Certificate and am willing to volunteer if requested rmation given on this application form is true and correct
Applicants Signature	Date
Please post or bring your completed membership f can be paid by direct deposit to: Bayside Offroader	orm to the next club meeting with fee payment. Fees
OFFICE USE ONLY Treasurers Signature:	Receipt #: Date:
Membership Officer: details added to Memb	ership List Attendance List  ook Newsletter