



APPLICATION FOR MEMBERSHIP

DATE: _____

NAME: _____ SPOUSE/SIG OTHER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME TELEPHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

MAKE & MODEL OF 4WD VEHICLE: _____

INSURANCE (Minimum Liability & Property Damage) REQ'D: YES ___ NO ___
(As required by Arizona State Law)

VALID DRIVER'S LICENSE:
YES or NO

APPLICANT'S AGE (18 YEARS OR OVER)
YES or NO

APPLICANT'S (Day & Month Only)
DATE OF BIRTH: _____

SPOUSE/SIG OTHER (Day & Month Only)
DATE OF BIRTH: _____

ANNIVERSARY DATE (Month Only): _____

CHILDREN

DATE OF BIRTH (Day & Month Only)

1) _____

2) _____

3) _____

4) _____

DATES ATTENDED MEETING:

DATES ATTENDED TRIPS:

1) _____

2) _____

(Candidates for membership are required to attend at least 2 club meeting and at least 2 monthly club run before they can be considered for membership in the Copperstate 4 Wheelers)

INITIATION FEE (\$5.00) SUBMITTED WITH THIS APPLICATION: **YES** or **NO**

(Applications will be reviewed by the Board of Directors. Voting for new membership may be done at the following monthly club meeting).

APPLICANT'S SIGNATURE: _____

(I have read, acknowledge, understand, agree with, and will abide by the bylaws of the Copperstate 4 Wheelers).

PRESIDENT'S SIGNATURE: _____

VICE PRESIDENT'S SIGNATURE: _____

SECRETARY'S SIGNATURE: _____

TREASURER'S SIGNATURE: _____

(ANNUAL DUES ARE PAYABLE UPON ACCEPTANCE OF MEMBERSHIP APPLICATION)