



**HI-LANDERS 4WD CLUB**  
**P.O. Box 291**  
**Citrus Heights, CA. 95611-0291**

**APPLICATION FOR MEMBERSHIP**

Applicant Last Name: \_\_\_\_\_ Applicant First Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I wish to receive my club Minutes and Correspondence by:

- Email (saves the club time and money)
- US Mail

Spouse Last Name: \_\_\_\_\_ Spouse First Name: \_\_\_\_\_

Spouse Cell Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Child #1 Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child #2 Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child #3 Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

4WD Vehicle Description:

Vehicle Year: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_ Vehicle License Number: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_ Vehicle License Number: \_\_\_\_\_

Off-Road Association Name: \_\_\_\_\_ Membership Number: \_\_\_\_\_ Membership Expiration Date: \_\_\_\_\_

**Below is a list of Membership Requirements:**

- a. Be at least 21 years of age.
- b. Have a valid driver's license at all times.
- c. Own a four-wheel drive vehicle.
- d. Have a minimum of PL and PD insurance policy on below listed vehicle.
- e. Pay a non-refundable application fee. (Currently \$2.00)
- f. Must belong to a Four Wheel Drive Association. (CAL4WD)
- g. Must attend three (3) club members meetings and participate, by driving 4WD vehicle, in three (3) club sponsored trips within a four (4) month period.

Once voted in you must participate in a minimum of one (1) club function within each four (4) month period and support with you labor the club's fundraiser events.

By signing this document I certify I do or will meet all above requirements before the club votes on my membership. I also agree to abide by the club ethics, By-Laws and SOP's.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Dated