



EYRE PENINSULA FOUR WHEEL

DRIVE CLUB INC.

P.O. Box 1903, PORT LINCOLN S.A. 5606

MEMBERSHIP RENEWAL FORM

Membership No: _____ (Obtain from last years Membership Card or envelope label)

Name: _____

Address: _____

_____ Post Code _____

Phone: Home _____ Work _____

Mobile _____

Email _____

Subscriptions: Family \$65.00 Single \$50.00

I do/ do not* wish to renew _____

* Cross out not applicable.

Sign above

Date _____

Please return this slip with your payment.

(NB Membership expires 31st October each year)



EYRE PENINSULA FOUR WHEEL

DRIVE CLUB INC.

P.O. Box 1903, PORT LINCOLN S.A. 5606

MEMBERSHIP RENEWAL FORM

Membership No: _____ (Obtain from last years Membership Card or envelope label)

Name: _____

Address: _____

_____ Post Code _____

Phone: Home _____ Work _____

Mobile _____

Email _____

Subscriptions: Family \$65.00 Single \$50.00

I do/ do not* wish to renew _____

* Cross out not applicable.

Sign above

Date _____

Please return this slip with your payment.

(NB Membership expires 31st October each year)