



# Las Cruces Four Wheel Drive Club

PO Box 1344, Las Cruces, NM 88004

## APPLICATION FOR MEMBERSHIP

I (we) wish to become members of the Las Cruces Four Wheel Drive Club. I (we) agree to abide by the By-Laws and Standard Operating Procedures of the Las Cruces Four Wheel Drive Club, and to submit annual dues by the date and the amount required.

I (we) understand that the membership in LCFWDC entitles me (us) to the following benefits:

1. To participate in all Club meetings and events
2. To receive copies of all publications pertaining to club members

Name _____	Application Date _____	
Address _____	Birth Date _____	
City _____	State _____ Zip _____	
Home Phone _____	Mobile Phone _____	
Email Address _____	@ _____	
Vehicle Make _____	Model _____ Year _____	
Drivers License # _____	State Issued _____	
Insurance Carrier _____	Policy # _____	
<u>Family Members: (includes 2 adults &amp; children under age of 18)</u>		
Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Type of Membership

Family Household (\$35.00) \_\_\_\_\_ Single (\$25.00) \_\_\_\_\_

Payment Information \_\_\_\_\_

**If Family Household was selected, please list names, birth dates, and relationship**

New Member

Renewal

### HOLD HARMLESS

I hereby declare that I am over 18 years old and agree to conform and comply with the ideals governing this club, and further agree to hold harmless the Las Cruces Four Wheel Drive Club, including it's officers, and any property owner or owners from any loss or injury to self or property in which I may become involved by reason of participation in any club functions. I also agree to assume responsibility for any property which I knowingly damage while participating in said functions.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**