

s Please complete it, sign and date, and email / post to the above address.					
I/We the undersigned wish to apply for my/our membership of the Toyota Landcruiser Club of Australia (S.A.) Inc and agree to abide by the Constitution, By-Laws and Rules of the Club and to pay the prescribed membership and joining fees.					
Personal Details (Member 1)					
Last Name	Given Name	Preferred Name			
Postal Address					
Address					
Suburb					
State	Postcode				
Telephone					
Email Address					
Personal Details (Member 2)					
Last Name	Given Name	Preferred Name			
Postal Address					
Address					
Suburb					
State	Postcode				
Telephone					
Email Address					
Children (Under 18)					
Names					
DOB					



Membership Application (continued)

Emergency C	Contact				
N	lame:		Phone:		
Dubits					
Relatio	nship				
How did you lear	n about TI CCSA?)			
How did you learn about TLCCSA?					
Vehicle and Vehicle Make	Insurance Details	s Model:	Year of Manu	factura	
venicie wake		Model.	rear or Manu		
	Insurance Details				
		113		nsurance 🗸	
Registration N	No:	Insurance Co	Fully Comp	3 rd Party Property	
This information is required by the Club By-Laws: All vehicles attending club events must be covered by 3 rd Party					
Property or Co	mprehensive insura	nce			
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		ation on this form is collected and committee members. It will also			
time when neces	sary for carrying out	club duties or activities. Some deta	ails may be provided to c	other entities in relation	
to club activities (e.g. applying for access for trips). Club policy is not to provide membership lists to members or businesses outside of these guidelines					
By signing this application, you acknowledge that to go on a trip rated moderate or higher each driver needs to demonstrate appropriate competence in 4WDriving.					
Signed		Date			
*** SEND NO MONEY WITH THE APPLICATION ***					
Office Use Only	Date Received:		Subscription: \$		
	Receipt No:		Joining Fee: \$		
	Records Update	ed:			