

MIDDLE ATLANTIC FOUR WHEEL DRIVE ASSOCIATION

Individual Member Application Form

Application Date: _____

Full Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Telephone: (____) _____ (Unlisted: Yes / No)

Mobile Phone: (____) _____

Profession: _____

Work Telephone: (____) _____

Fax (____) _____

Email Address: _____

Web Page: _____

Spouse Name: _____

Children: _____

Emergency Contact: _____ Phone Number: (____) _____

Address: _____

City: _____ State: _____ Zip Code: _____

UFWDA Member: Yes / No

Blue Ribbon Coalition: Yes / No

Tread Lightly Member: Yes / No

Other Club(s)/Association(s) Membership: _____

Why interested in joining MAFWDA?

MIDDLE ATLANTIC FOUR WHEEL DRIVE ASSOCIATION

Four Wheel Drive Club Registration Form

I, _____, registering as a
(Printed Name)

member of the MIDDLE ATLANTIC FOUR WHEEL DRIVE ASSOCIATION shall follow all national and state vehicular laws, shall adhere to all MIDDLE ATLANTIC FOUR WHEEL DRIVE ASSOCIATION By-Laws and references, shall respect the rights and privacy of fellow members, and shall respect the land both private and public owned.

I shall keep my vehicle(s) in a safe driving and operating condition as required for the state where registered. I shall have the minimum requirement for insurance coverage in the state where registered for each vehicle that I own.

Any vehicle I drive at a MIDDLE ATLANTIC FOUR WHEEL DRIVE ASSOCIATION event shall:

Be capable of the road, have solid recovery points on the front and rear of the vehicle, have a capable recovery strap and clevises, have properly installed seat belts for all passengers, have a lifting jack capable of lifting the vehicle's tire off the ground, have a spare tire compatible with the other four tires, have a standard First Aid kit, have a working flashlight, and have an operational fire extinguisher.

New Member Signature

Board Member Signature

Membership Date

UFWDA Membership Number