



FOUR WHEEL DRIVE CLUB of FRESNO

MEMBERSHIP APPLICATION

Est.1954

Name _____ Date of Birth _____

Address _____ City _____ ST _____ Zip _____

Married Yes ___ No ___ Spouse's Name _____

Home Ph _____ Cell Ph _____

Email Address _____

Applicant Occupation _____ Spouse _____

Vehicle Description _____

Special Equipment _____

Membership Sponsors (2 Required) _____

What is your interest in joining the 4WDCF? _____

Have you been given a copy of the By-laws and read them? Yes ___ No ___

(Copy can be provided by the Membership Chair or Secretary)

Are you willing to accept the governing of the Officers in the 4WDCF? Yes ___ No ___

If approached, are you willing hold an office? Yes ___ No ___

Will you abide by the regulations set forth by the U.S.F.S. pertaining to trails and back country travel? Yes ___ No ___

Are you willing to work with the club on trails and conservation projects? Yes ___ No ___

Do you have any special talents for trail work & projects (E.g. operating chainsaw, jackhammer, etc) Yes ___ No ___

If so, what? _____

Do you have a current CPR/First Aid Cert? Yes ___ No ___ Chainsaw Cert Yes ___ No ___

Would you and your family attend any entertainment function or event sponsored by the club? Yes ___ No ___

Are you willing to help with set up or tear down at functions? Yes ___ No ___

Date _____ Signature _____

The above application is subject to review by the Membership Secretary, and upon approval by the Board will be taken to the General Membership of the Four Wheel Drive Club of Fresno. It will be kept on record in our files upon acceptance.

Events/Meetings Attended

#1 _____

#2 _____

#3 _____

#4 _____

#5 _____

#6 _____

#7 _____

Received _____

Board Approval _____

Membership Approval _____

Club Member# Issued _____

Club Email: 4wdcfresno@gmail.com

P.O. Box 8292

Fresno, CA 93747