



# Southland Land Rover Club

P.O. Box 655 Invercargill

Explore The World & Do What You Love

INCORPORATED



## Application Form

### Personal Details

You and your Partner's Names	
Address	
Home Phone Number	
Mobile Phone Number	
E-Mail Address	

### Vehicle Details

<b>Vehicle 1</b>				
Make, Model & Year				
Registration No.		Colour		Modified <input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Company		Type of Cover		
<b>Vehicle 2</b>				
Make, Model & Year				
Registration No.		Colour		Modified <input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Company		Type of Cover		

In line with the Club's Public Liability Insurance Policy we require details of your insurance company and type of cover you have on your vehicle.

### Other Information

Radio	<input type="checkbox"/> CB Radio 27Mhz <input type="checkbox"/> PRS Radio 476Mhz	Chains	<input type="checkbox"/> 1 Pair <input type="checkbox"/> 2 Pair
Winch	<input type="checkbox"/> Hand <input type="checkbox"/> Electric <input type="checkbox"/> Mechanical		
Type of runs you prefer	<input type="checkbox"/> Easy <input type="checkbox"/> Medium <input type="checkbox"/> Tough		
I agree that my contact details will be available for other members			<input type="checkbox"/> Yes <input type="checkbox"/> No
I want to receive the monthly magazine via E-Mail			<input type="checkbox"/> Yes <input type="checkbox"/> No
I want to receive text reminders for upcoming events			<input type="checkbox"/> Yes <input type="checkbox"/> No

I confirm all details are correct and I will notify the club if any change.

Signature	
Date	

This information will be used for club purposes only