



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

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