



# Inland Empire 4 Wheelers Membership Application



Applicant must drive his/her vehicle on at least six (6) club runs, at least one (1) being an overnight campout and at least one (1) being a club sanctioned work run and, he/she must attend six (6) club membership meetings, all within twelve (12) months prior to application.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 4x4 Mfg: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
 Modifications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Cal4W Member: Yes  No  Member #: \_\_\_\_\_ Expires: \_\_\_\_\_

This 4 x 4 Vehicle conforms to all Cal4Wheel Safety Requirements. Safety Chair: \_\_\_\_\_  
 Applicant has completed and signed the Annual Waiver Form. Membership Chair: \_\_\_\_\_

### BUSINESS MEETINGS ATTENDED

Date: _____	Officers' Signature: _____
Date: _____	Officers' Signature: _____
Date: _____	Officers' Signature: _____
Date: _____	Officers' Signature: _____
Date: _____	Officers' Signature: _____
Date: _____	Officers' Signature: _____

### BEGINNER OR CLUB RUNS ATTENDED

Date: _____	Location: _____	Run Leader: _____	O/N	ATT
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

The purpose of these requirements are to give the club members an opportunity to evaluate your contribution to our club and to give you the opportunity to evaluate our organization.

Note: When completed please return to the Membership Chairman for submittal at the next business meeting. Actual membership is dependent upon a majority 2/3rd vote of the members present.