



International Like Minded Owners Incorporated
P.O Box 1218 Echunga SA 5153
0412504010
Email: scout@ilmo.com.au

MEMBERSHIP APPLICATION

SURNAME _____ GIVEN NAME (S) _____

SPOUSE / PARTNER _____ CHILDREN _____

ADDRESS _____

TELEPHONE (H) _____ (W) _____ (M) _____

Email _____ Occupation _____

OWNER OF _____

Year/Build date Make Model

(colour/s) Registration Number

Chassis Number From compliance plate -- e.g. J 0102 JGD 24731

REASONS FOR JOINING [X]

- | | |
|--|--|
| <input type="checkbox"/> Vehicle restoration project | <input type="checkbox"/> Vehicle parts & information |
| <input type="checkbox"/> Learning about 4W driving | <input type="checkbox"/> Join in club trips & events |
| <input type="checkbox"/> New places to go or visit | <input type="checkbox"/> Wider access to Forestry & Nat. Parks |
| <input type="checkbox"/> Get experience in camping | <input type="checkbox"/> Enjoy my 4WD, not break it. |

Applicants signature

Spouse / Partner's signature

Date

**** Membership is renewable each June.**

2016/17 Fees are \$50 for Full Members, \$50, Family Members \$5, Postage Members \$25

NB: Postage members are for interstate members who wish to join

THIRD PARTY PROPERTY / COMPREHENSIVE INSURANCE

I hereby acknowledge that I have Third Party Property / Comprehensive Insurance cover on the above Vehicle/s. Furthermore, I agree to maintain my insurance cover for the duration of my membership.

NAME _____ SIGNATURE _____ DATE _____

Please return this form to the address at the top of the application

ILMO Account Details for EFT Transfer BSB 085 232 Account 17 554 3330