



Four Wheel Drive NSW & ACT

ABN: 51 879 448 402

Associate Membership. PO Box 1371, Parramatta, NSW, 2124

Phone: 1800 646 630, Fax: 1800 650 664

Info@4wdNSW.org

Become an Associate Member

If you agree with what we are all about and would like to support us in achieving our goals, then subscribe as an Associate Member of Four Wheel drive NSW & ACT Inc. Two types of associate membership are currently available, namely:

- Personal Membership, and
- Corporate Membership

Associate Membership - Personal

Personal associate members of 4WD NSW&ACT are entitled to:

- Access to the National 4WD Insurance Scheme for comprehensive motor vehicle insurance.
- Access to preferred supplier discounts.
- Access to Private Fleet new vehicle purchase scheme.
- Receipt of the Association's newsletter, Horizons, by email.
- Receipt of the Association's important announcements by email.
- Your own Firstname.Surname@4wdNSW.org email address.
- Attend Association events such as the 4WD Jamboree, and to nominate for Association sponsored activities at shows.

The annual membership fee shall be set at \$50 for the financial year (Jul-Jun), pro-rated to \$25 for members joining in the second half of the financial year. Associate members will be issued with a dated membership card which can be used to redeem discounts from our sponsors and preferred suppliers .

Associate Membership - Corporate

If you operate a business, then support and sponsor Four Wheel Drive NSW & ACT by becoming a corporate member. Corporate associate members of 4WD NSW&ACT are entitled to:

- Listing on the Sponsors & Discounts directory on <http://4wdNSW.org>
- Access to Private Fleet new vehicle purchase scheme.
- Receipt of the Association's newsletter, Horizons, by email.
- Receipt of the Association's important announcements by email.
- The right to post in the For Sale forums on <http://4wdNSW.org>
- Your own Companyname@4wdNSW.org email address.

The annual fee for corporate members is \$100, which covers membership until 30 June.



Membership Form

Personal() or Corporate () tick whichever is appropriate

Contact Name			
Business Name			
Phone No	Home:	Mobile:	BH:
eMail			
Address:			
Accompanying Payment: \$	Date Paid:		

Send this form and by your payment to: **Associate Membership. PO Box 1371, Parramatta, NSW, 2124**