



Eastern Sierra 4WD Club

PO Box 983
Bishop, CA 93515



Application for Membership & Renewal

Name:		
Mailing Address:		
City:	State:	ZIP:
Phone:	Fax:	Birth Month/Day:
E-mail:		

Type of Vehicle

Year:	Make:	Model:
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Family

Name	Relationship	Birth Month/Day

I pledge to support the goals and objectives of the Eastern Sierra 4WD Club in the protection, respect, and enjoyment of our public and National Forest lands, and towards the betterment of off-highway recreation.

Signed:

Date:

Official use only:
Membership #: _____
Membership fee: \$ _____
Method of Payment: _____
By: _____