



# WC4WD Club Membership Application

Please send Application and Check for \$150 to:

WC4WD

P.O. Box 1865 Fond Du Lac, WI 54936

**Club Name \***

**Main Contact Name \***

First

Last

**Title \***

**Email \***

**Confirm Email \***

**Main Contact Phone \***

**Number of Members \***

**Club or Group Description:**

Is your club or group an Off-Road Club, Facebook Group or other? Does it concentrate on a specific vehicle make or model?  
Anything else you would like to share?

**Club Email Address: \***

**Club Phone Number:**

**Website URL:**

**Facebook:**

**Instagram:**

**Address \*** Please provide your complete address:

**Comments:**

Mission: To advance Education, Legislation and Recreational opportunities for 4 Wheel Drive vehicles