



# Desert Mountain Four Wheel Drive Club

## Application for Membership



Version 3, 16 Feb 2023  
Revised 19 Mar 2026

I am requesting membership into the Desert Mountain Four Wheel Drive Club (DMFWDC). I understand that I will be required to abide by the DMFWDC By-Laws sign a Waiver and Release of Liability Form, Video Release Form, provide emergency contact information, and that I must attend two club meetings and two events prior to being voted on for membership by the club members. Dues will be collected upon membership approval.

\_\_\_\_\_ Single Membership \$25.00 Annually                      \_\_\_\_\_ Family Membership \$35.00 Annually

\_\_\_\_\_ Associate Membership \$15.00 Annually

Primary Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Member Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Vehicles should be registered as street legal or Off Highway Vehicle (OHV) and meet NM insurance requirements. Members must be at least 18 years old. All Registration, Licensing and Insurance are the responsibility of the vehicle owner.**

**Primary Off-Road Vehicle Information:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Stock or Modified: \_\_\_\_\_

Tire Size: \_\_\_\_\_ Lift Height: \_\_\_\_\_ Front Axle Traction Device: \_\_\_\_\_

Rear Axle Traction Device: \_\_\_\_\_ Axle Gear Ratio: \_\_\_\_\_ Radio Type: \_\_\_\_\_

**Secondary Off-Road Vehicle Information:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Stock or Modified: \_\_\_\_\_

Tire Size: \_\_\_\_\_ Lift Height: \_\_\_\_\_ Front Axle Traction Device: \_\_\_\_\_

Rear Axle Traction Device: \_\_\_\_\_ Axle Gear Ratio: \_\_\_\_\_ Radio Type: \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_

1<sup>st</sup> Meeting attended Date: \_\_\_\_\_ Second Meeting attended Date: \_\_\_\_\_

1<sup>st</sup> Event Attended Date: \_\_\_\_\_ 2<sup>nd</sup> Event Attended Date: \_\_\_\_\_

Membership Vote Date: \_\_\_\_\_ Results: Yes \_\_\_\_\_ No \_\_\_\_\_