



LEAVE NO TRACE APPLICATION FORM

Owners Name (1)
(2)

Club
Membership #
Vehicle/Unit Reg #

Address
State Postcode

Phone
Mobile

Vehicle make (if applic.)
(Eg: Fiat, Mazda, Mercedes)
Manufacturer
(Eg: Winnebago, Viscount or other)

Model #
Year of Manufacture.....

FRESH WATER

Does your vehicle have a fresh water tank? Yes / No Capacityltrs
(You must carry a minimum of 20 litres fresh water to qualify)

GREY WATER

Does your vehicle have a grey water holding tank? Yes / No Capacity.....ltrs
(Grey water tanks must be a minimum of 5 litres pp, or 15 litres pp if the vehicle is fitted with a shower.)

BLACK WATER

Does your vehicle have a portable toilet cassette or black water holding tank? Yes / No Capacity.....ltrs
(This capacity must be equal to or greater than the holding capacity of the smallest portable toilet cassette.)

Does your vehicle have a means of holding garbage? Yes / No

Does your vehicle have a shower? (Not mandatory) Yes / No

Please note: You must be able to verify the information you have supplied on this Application Form at any time at the request of any controlling authority (eg. Council Ranger), or by a representative of the Regulating Authority of this Scheme.

DECLARATION

I/we hereby declare that I/we are financial members of the above club, and that the information I/we have supplied in this application form is true and correct. I/we declare the accuracy of these particulars and that I/we am/are the owner/s of the vehicle described herein. I/we agree that if any information that I/we have disclosed on this application is found to be false or misleading, or if I/we breach any provisions of the Code of Conduct or rules associated with the programme, my/our privileges under this programme may be withdrawn.

Name..... Signature Date

Name Signature Date

The Regulating Authority of the Leave No Trace Self Containment Code of Conduct Scheme is the Campervan and Motorhome Club of Australia Ltd. ABN 16 095 568 157
49 The Avenue, Wickham NSW 2293 (02) 4978 8788

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Leave No Trace

Please see over for payment details

Payment advice

LEAVE NO TRACE APPLICATION COST: \$5.00 (Incl GST)

I enclose: cheque money order or credit card details payable to CMCA Limited for \$ 5.00

Credit Card Details: Visa MasterCard

Card Number: ____ / ____ / ____ / ____ Expiry Date: ____ / ____

Card Holder's Name: _____

Signature: _____

All information provided to CMCA will be used and maintained in accordance with the CMCA Privacy Policy[†].

[†]CMCA Privacy Policy may be viewed on the CMCA website at www.cmca.net.au

Certification that this/these applicant/s is/are registered member/s of this club:.....
(Club official to initial)