



WICEN (NSW) INC

ABN 83 747 108 984

PO BOX 6151 DURAL DC NSW 2158

wicen.info@vrarescue.org

PHONE 0408 397 217



Application for Membership

Please submit the completed form to the Secretary at the address above. Please note: New Applicants will be required to meet with the Executive prior to their application being submitted to the Committee for consideration.

Name:

Call Sign:

Address:
.....

Hereby makes an application to become a member of WICEN (NSW) Inc. (Incorporated under the Associations Incorporation Act 1984) In the event of my admission as a member, I agree:

- To be bound by the rules of the association and its Standing Orders, Policies and procedures, etc
- When requested provide an ID photo by electronic means to the Secretary (for VRA ID)
- That upon ceasing to be a member of the Association I will return any equipment issued to me, but not purchased by me, including the WICEN ID Card and Membership Certificate.
- To abide by the rules and regulations of VRA Rescue NSW Pty Ltd, including submitting a Working With Children Check (WWC), completing a Nationally Coordinated Criminal History Check Application and Informed Consent Form, including Proof of Identity. Once accepted as a member you will be required to activate a VRA Rescue NSW member email address for service of notices.

Applicant's Signature: Date: / / 20

I, a member of the association, nominate the applicant, who is personally known to me, for membership of the association.

Signature of proposer: Date: / / 20

I, a member of the association, second the nomination of the applicant, who is personally known to me, for membership of the association.

Signature of seconder: Date: / / 20

Secretary Use Only

Admitted by the State Management Committee on

Membership No:

Membership Fee Received: / / 20

New Members Data Form

Where a choice is offered please circle the applicable one(s)

Full Name: **Radio Equipment Available**

Callsign:

Postal Address: HF: Base / Portable / Mobile
2 m: Base / Portable / Mobile / Hand Held
70 cm: Base / Portable / Mobile / Hand Held

Home Address: Digital:

..... Maritime radio license: Yes / No

Date of Birth:

Home Phone: First Aid: Yes / No Expires: / / 20

Mobile Phone: Trainer Qualifications:

Work Phone: Member of WIA Yes / No

Email Address: Member of AR NSW: Yes / No

Occupation: Are you currently or have you been a member of any
other Volunteer Emergency Service Agency: Yes / No
Please list any disabilities that might impact on your
If Yes please provide details:

WICEN activities:
.....
.....
.....

Availability for operations: Yes / No

Next of Kin

Hours Notice Required: Relationship to you:

Vehicle type: 2WD /4WD Name:

Address if different:
.....

Phone: