



WICEN (NSW) INC

ABN 83 747 108 984

PO BOX 6151 DURAL DC NSW 2158

wicen@nsw.wicen.org.au

PHONE 0408 397 217



Application for Membership

Please submit completed form to the Secretary at address above

Name:

Call Sign:

Address:

.....

Hereby makes 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 polices of the NSW Volunteer Rescue Association including submitting a working with children check and a criminal history check.

Applicant's Signature: Date:

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

.....
Signature of proposer Date

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

Secretary Use Only

Admitted by the State Management Committee on.....

Membership No.....Receipt No

Date:

WICEN (NSW) Inc.
NEW MEMBERS DATA FORM

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

Full Name: _____ Callsign: _____

Postal Address:

Home Address:

Date of Birth:

Contact Details:

Home:

Mobile:

Work:

e-mail:

Occupation:

Please list any disabilities that might impact on your WICEN activities:

Availability for operations: Yes / No
Hrs Notice: Vehicle type: 2WD /4WD

Radio Equipment Available:
HF: Base / Portable / Mobile
2 mtr: Base / Portable / Mobile / Hand Held
70 cm: Base / Portable / Mobile / Hand Held
Digital:

Maritime radio license: Yes / No

First Aid: Yes / No Expires

Trainer Qualifications:

Next of Kin
Relationship to you:
Name:
Address if different:
Phone:

Member of WIA Yes/No:
Member of AR NSW: Yes/No