



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

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:

Callsign:

Postal Address:

.....

Home Address:

.....

Date of Birth:

Contact Details

Home:

Mobile:

Work:

Email Address:

Occupation:

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

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Availability for operations: Yes / No

Hours Notice Required:

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: / / 20

Trainer Qualifications:

Next of Kin

Relationship to you:

Name:

Address if different:

.....

Phone:

Member of WIA Yes / No

Member of AR NSW: Yes / No