



WICEN – Tasmania (South) Inc.

MEMBERSHIP APPLICATION and REGISTRATION FORM

| | | | |
|---|-------------------------------|------------------------------------|----------------------------|
| Surname | | Names | |
| Call sign (if assigned) | D.O.B if aged under 18 / / | WIA Member (Insurance purposes) | Tick if yes Preferred Name |
| Contact Information | | | |
| Address Line 1 | | Postal Address (if different) | |
| Line 2 | | | |
| Suburb | Post Code | | Post Code |
| Email 1 | | Email 2 | |
| Phone | Home | Silent ? Tick if yes | Mobile Work |
| Emergency Contact Information | | | |
| Name | | Relationship | Phone |
| Are there any medical restrictions limiting your participation in WICEN activities? Tick if YES | | | |
| Nature of restriction | | | |
| Relevant Licences / Certificates of Proficiency etc held - (other than Amateur) | | | |
| CAMS Official | No. | Grade | Other 1 |
| AASE | No. | | Other 2 |
| Marine Radio Op. | HF | VHF | Other 3 |

| | |
|---|--|
| <p>I hereby apply for FULL TEMPORARY (circle which applies) membership of WICEN Tasmania (South) Inc. and agree to abide by the rules of the association.</p> <p>I agree that I am solely, except as prescribed by law, responsible for my own health, safety and property whilst participating in WICEN activities.</p> <p>I understand that all WICEN activities are on a voluntary basis. I agree to follow the rules and conditions of the organisers of any external event in which I choose to participate and to undertake any associated training.</p> <p>I will return all WICEN property immediately my WICEN membership is terminated.</p> | Signature |
| | Date / / |
| | Subscription may be paid by direct deposit to: WICEN Tasmania (South) Inc. BSB 037015 Account No. 177799 Description:- Call sign or name and "Subs" |
| OFFICE USE ONLY | |
| Date application received | |
| TEMPORARY MEMBERSHIP | |
| Activity Organiser Accepting: | Date expires: |
| FULL MEMBERSHIP | |
| Date considered by Committee: | |
| Name(s) of 2 Committee Member(s) supporting: | |
| Approved / Not Approved | Date Subscription Received: Amount \$ |
| Date entered on Register: | Date notified: |