



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: