MEMBERSHIP APPLICATION FORM

NAME: ……..

ADDRESS: ……..

TELEPHONE: **Home……Work…….Mobile…….**

EMAIL: ……..

BIRTH DATE: ……OCCUPATION……..

HOBBIES: ……

LANGUAGES SPOKEN:……

MARITAL STATUS:……

EQUIPMENT OWNED:……...

STATE BRIEFLY YOU'RE REASON FOR WISHING TO BECOME A MEMBER:……..

……..

RESPONSIBILITIES TO REQUIREMENTS OF ACRM:

RESPONSIBILITIES:	To abide by the ACRM constitution and the rules and regulations of the Organisation at all times. To provide communication facilities when requested by the Authorities. To provide communication facilities for Organisations for safety purposes, in order to promote good public relations.
EQUIPMENT:	**It is recommended within the first 12 months of membership that the member purchase a minimum requirement of a GME TX 36/3800UHF radio or equivalent or a GME TX7000 hand held radio with battery eliminator and a 4.5db mobile antenna for your vehicle.**
PRIVACY STATEMENT	**It is agreed that upon signing this document authority is given to the committee of ACRM Gawler/Barossa Division to circulate your contact details within the Gawler/Barossa Division**

MEMBERSHIP FEE: $…… **SIGNED:……**

DATE: ……../……../……..

This application form will be submitted to the Committee for recommendation.

Office use only: Committee recommended YES NO
Application accepted YES NO ACRM No:……

President's signature:……..

Date:……/……../……

E-Mail: acrmgbd@bigpond.com.au
Web Page: acrmgawlerbarossa.org.au