

Whyalla Amateur Radio Club Inc.

Membership Application

Name:	Callsign:
Address:	WIA Member: Yes No No
	(Required for Insurance Purposes)
E-mail Address:	
Telephone (fixed):	Mobile:
I hereby agree that I will abide by the rules and regulations of the Whyalla Amateur Radio Club Inc.	
I consent/do not consent* to the use of any photographs or videos taken of me, as part of the Whyalla Amateur Radio Club Inc. activities, in any medium including the internet; and I wave any right to compensation for such use.	
* Please strike out what is not applicable.	
Signed:	
(Parent or Guardian to sign if under 18)	
Age: (if under 18)	Date:
By signing this application you certify that you wish to become a member of the Whyalla Amateur Radio Club Inc. For more information contact us by email – vk5bwr@wia.org.au	
Official Use Only	
Application Received:	Application Approved on:
Fee [\$] Received:	Secretary:
All information stored in electronic form or printed format is held in confidence and not disclosed to third parties.	President: