



Whyalla Amateur Radio Club Inc.

Membership Application

Name: _____

Callsign: _____

Address: _____

WIA Member: ☐ YES

Please Tick: ☐ NO

Required for Insurance Purposes

Email Address: _____

Telephone _____

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 further information, contact us by email - whyalla.arc.2025@gmail.com*

Official Use Only

Date Application Received: _____

Signed: _____

Date Approved: _____

☐ President

☐ Secretary

All information stored in electronic form or printed format is held in confidence and not disclosed to third parties.