ROYAL VOLUNTEER COASTAL PATROL (SA) INC

ABN 49 956 192 145

APPLICATION FOR MEMBERSHIP

MEMBERSHIP CATEGORY

Please tick one membership category:

☐ **FULL** ☐ **ASSOCIATE** ☐ **SOCIAL ONLY**

PERSONAL DETAILS

Surname

Given Names

Address (Residential)

Post Code (Residential)

Post Code (Postal)

Address (Postal)

Telephone no. (Home)

Telephone no. (Business)

Mobile

Email

Date of Birth

Next of Kin

OCCUPATION & EMPLOYMENT

Occupation

Employer

Phone no.

SPECIAL QUALIFICATIONS

Relevant to marine rescue requirements – Radio Operator Qualification, Boat License etc.

Special qualifications

PREVIOUS EXPERIENCE

Previous experience (SES, Police, Armed Forces etc.)
Previous experience

ADDITIONAL INFORMATION

Working With Children Check

Medical Conditions

Please complete all applicable fields. This form is fillable electronically or may be printed and completed by hand.