

Membership Application Form

Surname:	Callsign:
First Name:	Title:
Australian Citizen: Y / N	Date of Birth:
WIA Membership: Y / N	W.W.C Check Y / N

Home Address:

Postal Address:

Phone Contact Details

Home:	
Work:	
Mobile:	

Internet Contact Details

Email Address:	
Website URL:	

Radio Interests:

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MERC Admin Use Only:

Membership Dates:	
Proposed By:	
Seconded By:	
Approved By:	
Paid	