



## 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 waive 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 - whylla.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.*