



Membership Registration Form

Wireless Institute Civil Emergency Network Western Australia Inc.



Thank you for your interest in joining WICEN WA.
Please fill out the form below and return to the secretary

First Name(s)

Last Name / Surname

Preferred Name

Residential Address

Postal Address
If different to above

Email Address

Home Phone

Mobile Phone

Work Phone

Callsign

WIA Member? Yes No

HF Capability

160m 80m 40m 30m 20m 17m 15m 12m 10m 6m

VHF / UHF Capability

2m 70cm

Restrictions that may affect participation in WICEN WA activities

Membership Type

Associate Member Voting / Financial Member

\$25 Subs maybe paid by EFT BSB 806015 Account 01520672

Membership Agreement

By signing this application you agree to abide by our constitution.
(Copies available by request)

Signature