

Membership Secretary:

Sequence:

Register:

Port Stephens Amateur Radio Club Inc.

(Incorporated under the associations Act 1984)

<u>Callsigns</u>

Registered Address: 17 Vera Avenue, Lemon Tree Passage, NSW, 2319

VK2AOJ

Postal: PO Box 3013, Lemon Tree Passage, NSW, 2319

VK2ROJ

INC 9888916

ABN 50 323 293 800

MEMBERSHIP APPLICATION FORM						
(Christian Name/s)		((Kr	nown As)	/((Surname)	
Postal Address,		and Street Name)				
	(Number a	and Street Name)				
	(Suburb/T			(State)	(D	ost Code)
Pacidential Address	,	•				
Residential Address, (If Different.)	(Number a	and Street Name)				
	(Suburb/T	own)		(State)	(P	ost Code)
Call Sign Phone Nu				mber		
		C	ell Phon	e N <u>º.</u>		
Email Address:						-
Indicate if you are a member of the W ireless I nstitute of A ustral					ı, (WIA)	(VEC - NO)
Amateur Radio _ New South Wales, (AR_NSW)						(YES or NO)
						(YES or NO)
Radio Amateur Society of Australia Inc. (RASA)						(YES or NO)
If less than 18 Years of age, State Date of Birth / (Birth Date)						
Have you previously been a member of PSARC Inc.? (YES or NO)						
(YES or NO) Hereby apply to become a Full member of the PORT STEPHENS AMATEUR RADIO CLUB Inc. In the event of						
my admission as a member, I agree to be bound by the rules of the Association and I also agree to pay the yearly						
Membership Fee. Signature of Applicant Date						
					<u> </u>	
Payment with Application Payed By				Post to Port Stephens A.R.C. Inc. ATTN: The Secretary		
"Greater Bank" Details: PSARC				PO Box 3013		
BSB: 637-000				Lemon Tree Passage, NSW, 2319		
Account No.: 715085437 If paying by Bank Deposit or Electronic Banking				Funcilly accurate with a second control of the second control of t		
If paying by Bank Deposit or Electronic Banking Please send a copy of the receipt with this form Email: secretary@portstephensarc.org						
Office Use Only:					T	
PSARC Sec	retary:			Accepted:		

Treasurer:

Date:

Receipt No.: