



Brisbane Area WICEN Group
2018 – 2019 Membership Renewal Form

Name:

Call Sign:

Address:

WIA Membership: Yes/ No

Availability:

Phone: Home:

Mobile:

Work:

Email:

Emergency Contact Details:

Name:

Relationship:

Address:

Phone: Home:

Mobile:

Amount Tendered: \$

Payment Method: Cash/ EFT/ Cheque

Date:

EFT. Reference: (e.g. Call Sign)

EFT. Details:

Brisbane Area WICEN Group Inc BSB: 124-007 Account: 11164049

Membership Fees (Constitution Section 4 – Class of Membership):

Full Membership \$40.00 Associate Membership \$20.00

Office Use:

Receipt: Date:/...../.....

Records Updated:/...../..... Change: