



# Radio & Electronics Association of Southern Tasmania Inc.

GPO Box 371 Hobart Tasmania 7001

http://reast.asn.au

## MEMBERSHIP APPLICATION FORM

**Membership Officer**  
**REAST Inc**  
**GPO Box 371, Hobart, Tasmania. 7001**  
**Telephone 03 62343553**

BSB: 037 001  
Account Number: 424461  
Account Name: REAST Account  
Description: Callsign/Name

Please Tick One Box                      Family Membership Fee \$25.00 First Family Member then \$10.00 for each additional

**Single Membership Fee: \$30.00**     **Family Membership**  
*Please Print*

Title.....Surname ..... Preferred Name (s) .....Callsign.....

Title.....Surname ..... Preferred Name (s) .....Callsign.....

Title.....Surname ..... Preferred Name (s) .....Callsign.....

Telephone No. ....Email: .....

Postal Address ..... Post Code .....

Are you a member or intend to be a member of the WIA National Organisation (Required for Insurance)                      YES /NO   
Do you wish to be placed onto the REAST Inc. email mailing list?                      YES /NO   
Do you wish to be placed on an emergency call list eg. To assist Tas Fire Service as a communications operator?                      YES /NO   
Are you prepared to undertake training for this role (approximately one day annually)?                      YES /NO   
Are you OK with your contact information being passed on to WICEN Tasmania (South) Inc. as the TFS contact organisation?                      YES /NO

*I hereby apply for membership of REAST (Inc) and agree to abide by the rules and articles of the association.*

Signed: \_\_\_\_\_, \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

*Your application should include payment of the prescribed fee and will be approved and recorded by the REAST Committee at the next committee meeting. You will be notified in writing once approved.*

*Applications must be nominated by two existing financial members.*

*Print Name*

Nominator (1).....(2).....

Signed (1).....(2).....

**Office Use Only:**

We the undersigned, being Committee Members of REAST (Inc.), approve the application of the above signed for membership to the Association.

Proposer \_\_\_\_\_ Office \_\_\_\_\_  
Seconder \_\_\_\_\_ Office \_\_\_\_\_  
Receipt Number \_\_\_\_\_ Amount Received \$ \_\_\_\_\_ Date \_\_\_\_\_  
Register # \_\_\_\_\_ Date entered on register \_\_\_\_\_