



Application for Membership

Name: _____

Mailing Address: _____

Street Address: _____

Telephone – Home: _____ Work: _____

Cell: _____ Pager: _____

Next of Kin: _____

Address: _____

Telephone – Home: _____ Work: _____

Physical limitations: YES / NO (If yes, please list)

Have you ever been a member of any other SAR groups? YES / NO
(If yes, please indicate where, when, for how long, training, etc.)

Application for Membership cont.

Please list any previous training or experience which would benefit the SAR team.

Are you familiar with any of the wilderness trails and areas around the Sunshine Coast?
YES / NO

List areas: _____

What personal equipment do you have which would be available for use in your SAR work?

Are you willing to learn the skills necessary to participate in searches, abide by the rules of the team, the society bylaws and commit to at least two training sessions pre month? YES / NO

Signature of Applicant: _____

Sponsor of Applicant: _____

Date of Application: _____

Application reviewed by the executive committee: _____

Application excepted: YES / NO