



AUSTRALIAN CITIZENS RADIO EMERGENCY MONITORS

Incorporated

EMERGENCY COMMUNICATIONS

Application for Membership

Please use BLOCKLETTERS

Form A1

Membership Category (please tick): Monitor Associate

Membership Grade (please tick): Full Concession Family of existing member

SECTION A - PERSONAL DETAILS

Surname:

Given Names:

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Postal Address:

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Town/City:

State:

P/Code:

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Residential Address (if same as postal address, write "As Above")

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Town/City

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Home Phone:

Work Phone:

Mobile Phone:

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Home Fax:

Work Fax:

Religion/Denomination (optional):

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Date of Birth:

Sex:

Marital Status:

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Email:

Facebook username (if applicable):

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SECTION B - REFERENCES

Please provide name and contact number for two character references, **OR**, attach two written references that are no older than twelve (12) months. Referee's must have known the applicant personally for a minimum of twelve (12) months, and must not be members of the applicant's immediate family.

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Affiliated With



ABN: 28 118 858 567 | ARBN: 118 858 567

A not-for-profit Public Benevolent Institution

Web site: www.acrem.org.au

WAP site: wap.acrem.info

SECTION C - CRIMINAL HISTORY

Have you been convicted (i.e. found guilty) of a criminal offence, either in Australia or elsewhere:

- a) Where a bond or fine has been imposed, or no conviction recorded - **within the last 5 years**, or
- b) Where any term of imprisonment has been imposed, including any term of periodic detention or suspended sentence, or any period of community service - **within the last 10 years**.

No Yes ↓

If yes, please attach details in a sealed envelope marked “CONFIDENTIAL”. All information will be treated with the utmost confidence and does not automatically preclude you from membership, however failing to declare an offence may result in immediate termination of your membership.

Working With Children

Please answer the following questions. Please note that a positive answer to any of these does not automatically preclude you from membership, however if you fail to divulge a prior matter which is later discovered your membership may be cancelled immediately.

Are you a person that is prohibited from seeking, undertaking or remaining in child-related employment under any legislation, whether Australian or another country/jurisdiction? No Yes ↓

Do you have any criminal convictions, in any Australian state or territory or any other jurisdiction, arising out of the abuse, neglect or assault (including sexual assault) of a person? No Yes ↓

Have you ever been investigated, whether in Australia or any other country, for any unlawful act against a minor (including an act of carnal knowledge)? No Yes ↓

Are you currently the subject of an Apprehended Violence Order, or similar order due to violence, taken out by any Police Officer? No Yes ↓

If you answered YES to any of the above, please attach details in a sealed envelope marked “CONFIDENTIAL”. All information will be treated with the utmost confidence and does NOT automatically preclude you from membership - each application is assessed on a case by case basis.

SECTION D - AGREEMENT

I hereby apply for membership and agree to abide by the Constitution and all rules and by-laws of ACREM. I confirm that all information provided in this application is true and correct and acknowledge that deliberately supplying false or misleading information on any form or report will be grounds for rejection of an application or cancellation of membership. I further understand that as an ACREM member my photograph may appear in ACREM publicity material or on ACREM websites, if I attend events, activities or training sessions.

Signed (applicant): Date:

INSTRUCTIONS:

Associate Member Applicants: You do NOT need to complete any of the following forms. Please submit the above 2 pages only.

Monitor Member Applicants: You need to complete Section E on the following page plus the Medical form.

RETURN FORMS TO:

ACREM, 28 Wollombi Rd, Cessnock NSW 2325, or email scanned forms to: membership@acrem.org.au

Official Use Only

Rcvd	Apprvd	Date	Init.	No.	Div.	ID No.	Issued	T/Start	T/End	Ceased
	Rejectd									

ADDITIONAL INFORMATION FOR MONITOR APPLICANTS

SECTION E - CB EQUIPMENT & EXPERIENCE
(To be completed by applicants for Monitor membership)

Current CB Callsigns: _____

CB Equipment & Ant.
installed as base station: _____

CB Equipment & Ant.
installed in vehicle: _____

Community Service:
(e.g. SES, VRA, CFA, etc) _____

Prior Training/experience
operation radio or
responding to calls for help: _____

- Do you have?
- Amateur Radio licence. If yes, callsign:
 - Marine Radio Operator Certificate of Proficiency (MROCP) / ROCP
 - Marine Radio Operator VHF Certificate of Proficiency (MROVCP)

MEDICAL DETAILS & INFORMATION

NOTE: Medical conditions do NOT preclude you from membership! This information just ensures we don't place you into environments your medical conditions are not able to handle.

Surname:

Given Names:

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Medicare:

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Expires:

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Pension/Health Care Card:

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Benefit Type:

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Expires:

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Name of Ambulance transport fund (if applicable):

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Doctor Name:

Telephone:

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Are you allergic to any medication?

No Yes → please provide details below.

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Do you suffer from diabetes, heart, asthma, epilepsy or any other medical condition that we should be aware of?

No Yes → please provide details below.

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Do you have any allergies (e.g. stings, food, etc)?

No Yes → please provide details below.

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Do you have any other disabilities or conditions that could limit full participation in activities?

No Yes → please provide details below.

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Vaccinations

Please provide details of immunisations you have received (and are up-to-date with):

Vaccination	Date	Vaccination	Date
<input type="checkbox"/> Flu-vax	<input type="text"/>	<input type="checkbox"/> Pneumo-vax	<input type="text"/>
<input type="checkbox"/> Tetanus	<input type="text"/>	<input type="checkbox"/> Hepatitis B	<input type="text"/>

Do you have an annual Flu-vax vaccination every year? No. Yes. Sometimes.

Emergency Contacts

Next of Kin:

Name:	Relationship:
<input type="text"/>	<input type="text"/>

Home Telephone:	Mobile Telephone:
<input type="text"/>	<input type="text"/>

Medical Authority

I authorise any officer, member or servant of the Australian Citizens Radio Emergency Monitors Incorporated (ACREM), in the event of any accident or illness, to obtain such urgent medical assistance or treatment for the abovenamed applicant, including the administration of any anaesthetic or blood transfusion as he or she may consider expedient and for this purpose to engage any first aiders, ambulance officers, doctors, dentists, nursing assistance or hospital accommodation and in this event I agree to pay the said organisation on demand all such doctors', dentists', nurses', ambulance and hospital fees (other than fees and expenses recoverable by the said organisation under any policy of insurance).

Signed (applicant): Date:

Please notify National Operations if any of the above information changes at any time.