



FORM 2

(To be completed after 3 visits to station)

Bush Fire Brigade | Membership Application

| PERSONAL DETAILS | | | |
|---|---------------------------------|--|--------------------------------|
| Surname: | | Given Names: | |
| Residential Address: | | | |
| Postal Address: (if different to above) | | | |
| Gender: M F | | Date of Birth: | |
| Tel. Home: | | Mobile: | |
| Email: | | | |
| Driver's License No: | | Class/s: | Sighted By: Date: |
| Previous volunteer emergency services experience: | | | |
| Membership Type | ACTIVE <input type="checkbox"/> | AUXILIARY <input type="checkbox"/> | CADET <input type="checkbox"/> |
| NEXT OF KIN DETAILS | | | |
| Full Name: | | | |
| Address: | | | |
| Telephone: | Mobile: | | Relationship: |
| EMERGENCY CONTACT DETAILS (if different to above) | | | |
| Full Name: | | | |
| Address: | | | |
| Telephone: | Mobile: | | Relationship: |
| <i>Applicant Signature</i> | | <i>Brigade Captain (or delegate) Signature</i> | |
| <i>Date</i> | | <i>Date</i> | |