MEME	BERSHIP	REGI	STF	RATIO	ON E	BUS	H FII	RE BI	RIG	ADE	si	HIRE	
Bush Fire Brigade	mbership D				Jpdate	Mem	bership	Details	□ Те	erminat	ion BOY	UP BR	
Name of Bush Fire		_						IRS					
Membership Type				☐ Auxiliary (Support role, communications/ admin never on fire grounds)				☐ Cadet (under 16 years			of		
Rank and/or radio	call sign (option	ıal)				•	,	•					
Personal Details													
Name	Title												
				First Name Middle			Middle	Name		Last N	Last Name		
Email Address									•				
Date of Birth							Gen	der					
Home Address	1								•	<u> </u>			
Postal Address	☐ as above												
Primary Phone		Secondary phone				Optional							
Driver's licence	Optional			Class/category									
Next of Kin Detail													
Full Name													
Telephone		Relationship											
Street address	Optional san	ne as ap	plicant									-	
Previous Membership					Member ID								
Previous Brigade/Unit Name/s					Do you want to be a dual member ☐ Yes ☐ No								
Brigade Training	Carried Out												
Course Title				Location							Date		
Declaration													
This form must be	signed by the a	pplicant	and B	rigade's	Capta	ain/Fir	st FCO	or Secret	ary				
Applicant Signature								Date					
Parent/Guardian (if under 18 years old)								Date				-	
Authorised		le Captain / Secretary				Date							
Termination Reason					·								
Notes	I												
Please email comple Shire of Boyup Broo						or pos	t to						
SHIRE OF BOYUP BROOK USE ONLY File								Doc ID					
Date Received		mup.reception@dfes.wa.gov.au				Initials		Date					
FIRE SERVICE US	SE ONLY												
Entered into RMS	Membership I	D						Initials		Date			