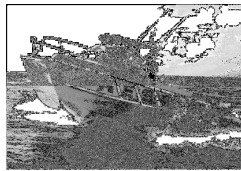


**Volunteer Marine Rescue Jacobs Well  
Assn Inc**  
P.O.Box 279 Beenleigh Qld 4207  
ABN : 25 862 670 198  
**PH: 07 5546 1100 Fax: 07 5546 1055**



**NOMINATION FOR ACTIVE MEMBERSHIP**

Surname:.....First Name.....

Address:.....

Postcode:.....Sex: Male / Female D O B:.....

Occupation:.....

Home Ph:.....Business:.....Mobile:.....

Next of Kin:.....Phone No:.....

E-Mail :.....

If I am accepted as an Active Member of Volunteer Marine Rescue Jacobs Well Assn Inc I hereby agree to abide by the Model Rules and By-Laws of the Association.

Signature:.....Date:.....

**Vessel Details**

Vessel Name:.....Rego No:.....Length:.....Colour:.....

Type/Make:.....Motor/Make:.....HP.....

Trailer Rego:.....Car Make:.....Car Rego:.....

Radio(s) Fitted: 27 MHZ VHF HF None. (circle) Vessel Stored / Moored ?.....

**OFFICE USE ONLY**

Nominated By :.....Seconded By:.....

Amount Paid:\$.....Date:.....Receipt No:.....

Membership No:.....Allocated Crew: Yellow Red Green Blue Purple (circle)

**PERSONAL HISTORY**

**QUALIFICATIONS:** *(Please circle the relevant answers below)*

**Boat License:** *Yes /No* **Marine Radio Operators Certificate of Proficiency:***Yes /No*

**Apply First Aid:** *Yes /No* **Advanced Resuscitation:** *Yes /No*

**CPR:** *Yes /No* **Automated External Defibrillation:** *Yes /No*

**Are you able to swim 50 metres:** *Yes /No*

**Attendance:**

Are you prepared to attend all full weekend or midweek rosters, attend all General Meetings and participate in fundraising activities as required: *Yes / No*

If you become a member you are to attend training courses conducted by VMR JW.

**Do you have any physical disabilities which may prevent you from carrying out the required duties:** *Yes / No.* **If “yes” list medical condition(s) below**

**History : Boating / Medical**

*Please give a brief resume and include any relevant details of boating / medical / trade skills ( attach a separate sheet if necessary).*

.....  
.....  
.....

**OFFICE USE ONLY**

Received By:.....Position:.....Date:.....

Introduction Officer:(*name*).....Date:.....

Induction Scheduled for: (*Date*).....Completed (*Date*).....